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I WISH now, gentlemen, to direct your attention to a case of enlargement of the liver and cardiac disease, with effusion into the abdominal cavity, which presents several points of interest.

ENLARGEMENT OF THE LIVER.

The patient, a native of Ireland, 25 years of age, a bartender by occupation, entered the hospital July 24. He is of medium size, has dark hair and complexion. He has been long in the habit of drinking some liquor every day, generally brandy or gin, but never drank to excess. Has never had any form of venereal disease, has never had rheumatism, and has taken but little medicine of any kind during his life. Has always enjoyed good health until his present illness, except that he has for several years been subject to "bilious attacks." He noticed about six months ago that his feet were swollen. This continued without the occurrence of anything else to attract his attention until about three weeks ago, when his abdomen also became distended. He suffered no pain anywhere, and there was no derangement of his general health. Has noticed that his urine has become high colored, and rather scanty, during the last two weeks, but does not think that his abdomen has increased in size during that time, and he has been able to continue at his work until two days ago. His bowels are generally rather loose, and his stools vary in color, being sometimes very dark, and at other times light.

As we now see him for the first time, his aspect is that of a spare and unhealthy looking man. His complexion is sallow, his whole skin has a dingy hue, and his eyes are slightly tinged with yellow. He is free from both cough and headache. His tongue is slightly furred white—appetite fair. Pulse 96, rather small, but regular. Urine rather scanty and high colored—contains no albumen, but is highly charged with the phosphates. His abdomen is considerably distended, but not tense, soft under pressure, fluctuation well marked. The superficial veins over the lower part of the abdomen are quite turgid and tortuous, but extend up only a moderate distance, differing in this respect from those cases in which the veins are less distended, but extend over a much larger surface. The liver is perceptibly much enlarged, showing a protrusion to the eye, and extending between three and four inches below the margin of the ribs, its edge forming a well defined line, which can easily be traced by the fingers, the enlargement extending to about the middle of the left hypochondrium. The upper surface is also somewhat uneven. No enlargement of the spleen can be detected. The left foot and leg are also somewhat swollen and cedematous. There is a slight bruit with the first sound of the heart, most audible at the apex; but no apparent hypertrophy of that organ.

Four days have now elapsed since he entered the hospital, and during this time free diuresis has taken place, without any medicine, simply under the influence of rest in a recumbent position, and entire change in his habits; so that he passed forty ounces of urine during one period of twenty-four hours, and seventy-two ounces during the succeeding twenty-four hours.

We have then no difficulty in recognising a case of enlargement of the liver, with slight jaundice and moderate effusion into the abdomen, complicated with disease of the mitral valve; and we are as little at a loss as to the cause, which is evidently found in the habits of the patient, who

AM. MED. TIMES, VOL. I., No. 19.

has been for a long time accustomed to the daily use of alcoholic drinks. You are aware that alcohol enters into the circulation only through the liver, and that it is to this fact we must attribute the large share it has in the production of chronic diseases of that organ.

The dropsical effusion was just noticed in the feet; but this forms no exception to the rule laid down on a former occasion for locating the cause of the effusion in ascites, which constitutes the great share of the dropsical effusion in the present case; for we have other causes to account satisfactorily for the effusion in the lower extremities. His occupation as bar-tender, which requires him to be in a standing position most of the time, may have had some effect in producing the first effusion there; then a debilitated state of the system and vitiated condition of the blood may have aided to produce it; but more especially we have a diseased condition of the heart as a sufficient cause, even without the others. We feel at liberty, therefore, to say that the effusion into the abdomen has a separate and distinct cause, and this we believe to be the enlargement of the liver.

But what is the nature of the enlargement? Is it a case of cirrhosis in the early stage, when the liver is said by some pathologists to be enlarged? Cirrhosis of the liver is a form of disease characterized by inflammation of the fibrous tissue which forms the skeleton of this organ, and within which the vessels and ducts are interlaced, in the latter stage of which there is a shrinking in size, and an indurated state, and a strangulation, as it were, of the minute branches of the portal vein, by the contraction of lymph effused about them, so that the flow of blood into them is retarded, and in advanced cases entirely interrupted, thus giving rise to incurable ascites. The habitual use of alcoholic drinks is recognised as by far the most common cause of this state of the liver, so much so that Watson says that in ninety-nine cases out of one hundred, cirrhosis is owing to this cause. It is certainly a very frequent cause, but these figures do not correspond entirely with my own much more limited experience in the disease.

This cause we have certainly here in action in the most unequivocal manner. We have also the precursory "bilious attacks," affording evidence of its agency; we have marked enlargement of the liver, doubtless the result of congestion, produced by this indulgence in alcoholic drinks; and we have ascites, a condition which no other morbid state of the liver is so apt to produce at all, and certainly not to the same degree, as cirrhosis. But then we have a history entirely different from that of cirrhosis, which usually begins much more insidiously, so that we arrive at our diagnosis of it rather from inference, and by exclusion of other affections of the liver, than by any direct palpable signs, except ascites, which does not constitute in the present instance the overruling and characteristic symptom, as in cirrhosis generally; and, besides this, the free diuresis which has taken place since he entered the hospital, and the consequent diminution of the swelling of the abdomen, could hardly occur in true cirrhosis, in which we are supposed to have a mechanical and hence persistent cause of dropsy. The turgescence of the superficial veins of the abdomen has also already much diminished, a change which we should not expect in cirrhosis. We have also in this case a certain amount of jaundice, which, though not excessive, reaches a degree not usually found to accompany cirrhosis, in which disease, indeed, jaundice is rather the exception than the rule.

Is it a case of simple hypertrophy of the liver, that is, simple enlargement of the organ, without any change in its intimate structure, or any interstitial deposit, as we see in a muscle enlarged from use? This does doubtless sometimes occur, but would be much less apt to take place in an organ like the liver, and is now found to be much less frequent than was supposed to be the case before modern investigations had thrown so much light upon its pathology. It is now found that the increase of size is sometimes owing to fatty deposit, and sometimes to that change known as

waxy degeneration, in both of which cases there is something retained within the liver which increases its bulk, and renders its pathological state entirely different from that of cirrhosis already described.

I exclude the idea of malignant disease in this case, because the evident cause of the affection, the amount of enlargement with the moderate extent of constitutional disturbance, and the jaundice and ascites, which are seldom marked attendants of carcinomatous disease, and the general aspect of the patient, do not encourage this view of it.

I exclude the idea of either fatty or waxy liver, from the fact that neither of these forms of disease of the liver is attended with jaundice, nor with dropsical effusion, as a general rule, or at least only to a moderate extent, nor with turgescence of the superficial vessels of the abdomen—nor do we have any great enlargement of the organ in either of these two forms of disease.

I do not look to the spleen, nor to chronic peritonitis, as the cause of the effusion into the abdomen, simply because these affections seldom produce jaundice to such an extent, nor any great amount of effusion, and because we have in the liver most prominently a sufficient cause for both the jaundice and the dropsy in that cavity.

But, as before remarked, we may have a state of the liver different from either of these, in which we have neither exudation of lymph, nor deposit of carcinomatous matter, nor of fat, nor the peculiar change known as waxy liver, but a morbid deposit which does not become organized, analogous to what we have poured out in erysipelas and rheumatism, and which may be removed by absorption, and eliminated with the natural secretions—and this I suspect to be the nature of the case before us, a state of hyperemia of the parenchyma of the organ with some of those forms of albuminoid degeneration connected with mal-assimilation, and which afford chance for the effect of remedies.

With this view of the pathology of the case, what should be our plan of treatment? There is evidently no call for depressing means. The first thing which presents itself is the urgent necessity of an entire abstinence from stimulating drinks. This, therefore, with rest in a recumbent position, and a farinaceous diet, constituted our first prescription; and, as before remarked, under this regimen, without any medicine of any kind, there was a great and immediate increase in the quantity of urine discharged. The bowels also became somewhat loose, probably owing to the return of secretion of bile into the intestinal canal, for which a few grains of opium were given. The patient himself soon appreciated the favorable change in his feelings connected merely with this change of his mode of life, without medication. The effect of abstinence upon the liver is well illustrated by the contrast in the two following cases, the record of which I met with a short time back—in a healthy male, twenty-seven years of age, who was killed by a fall from a scaffold while the stomach was full, the weight of the liver to the whole weight of the body was in the proportion of 1 to 26.5; while in a man of twenty-five years of age, who died of tetanus, after three days of complete abstinence, the proportion was only as 1 to 40. Hence the practical importance of rigid diet in chronic congestion of the liver.

As this is a case of perverted nutrition rather than of either purely sthenic or asthenic disease, we will select our remedial means from those articles which are known to have a decided effect in hastening metamorphosis of tissue within the body and eliminating effete matter from it, and to this class it is now known that alkalies and their carbonates especially belong. Liquor potassæ, nitrate, and acetate, and carbonate of potash, and also carbonate of soda, possess this property, but there are some reasons why ammonia is still more effectual, and experience has shown that the hydrochlorate of this alkali possesses the property of dissolving the protein elements of the blood. The remote effect of this salt is sedative, as has been remarked

by an English writer, and, as he says, it not only arrests inflammation, but by its resolvent and secretory power, removes the products of inflammation from the system. This remedy is sometimes combined with the iodide of potassium with much benefit in certain cases which we cannot now stop to particularize, and is often a valuable substitute for mercury. We will therefore direct it to be given in doses of five grains, three times daily, and the tincture of iodine to be painted over the region of the enlarged liver, and watch the effect of this plan of treatment.

PARALYSIS OF THE TONGUE. (?)

Our next case is one of inability (apparent at least) to protrude the tongue, and inability (or at least indisposition) to articulate distinctly more than a few monosyllables at a time, in a stout, healthy-looking Irish laborer, 35 years of age, who entered the hospital on the 14th of June. He had always enjoyed good health, with the exception of having had typhus fever about ten years ago, until the afternoon of the day of his admission, when, while working within doors, and not having been drinking, nor exposed to the sun during the day, he suddenly fell to the ground insensible and unconscious, and was in that condition when brought here. He had no convulsions, and when first seen, his surface was warm, pupils normal, pulse about ninety and regular, the sounds of the heart and respiration both normal. There was no paralysis of his limbs. He had been rather intemperate until about two months previous, when he ceased drinking entirely. He never had venereal disease. Has never had an attack similar to this. Bowels have generally been regular. He was ordered a stimulating injection, and a blister to the back of the neck. The next day his condition was so far improved that he was slowly returning to consciousness, but it was found that he could not or would not protrude his tongue, nor utter a syllable. His intellect seemed to work slowly, although he apparently comprehended whatever was said to him, and answered questions by movements of his head. He was able to walk, his sight and hearing were unimpaired. He slept well, his appetite was good, and bowels regular, and all his physical functions were well performed. He was allowed to remain without treatment until he came under my care on the 1st of July, seventeen days after the attack, at the end of which time a moderate but decided improvement had taken place. His intellect was then more clear than immediately after the attack, and he could imperfectly articulate a few monosyllables, but could not or would not protrude his tongue. He was able to walk about the grounds, and complained of nothing but loss of speech. His taste was unaffected, and the tongue was sensitive to the prick of a pin.

In the uncertainty as to the true pathology of the case, and assuming the possibility that there might have been some effusion along the track of the hypoglossal nerve at the time of his unconsciousness, and in view of the well known alterative effect of mercury, and especially in combination with iodine, I directed him to have half-grain doses of the proto-iodide of mercury, with one grain of extract of conium, night and morning—and now, after the use of this prescription for six days, he can apparently articulate a little more distinctly, though still only in monosyllables, and for the first time protrudes his tongue, when directed to do so; and you will notice that he protrudes it at full length at once, and with a rather sudden motion, and withdraws it with equal rapidity.

What is the nature of this case? Is it one of paralysis of tongue, produced by pressure upon its muscular nerve or thickening of its sheath, or is the trouble in the brain itself, and owing to a want of nervous power to control and direct the motions of that organ? Paralysis of the tongue is a symptom which we quite frequently find connected with lesion of other parts of the brain than the origin of this nerve, but rarely, in my experience at least, occurring independently of that lesion. Entire loss of speech is a common accompaniment of an attack of apoplexy, with hemiplegia,

attended with loss of consciousness; but as consciousness returns, the patient is able to protrude his tongue without difficulty, though it is frequently drawn to one side. Slight paralysis of the tongue, marked by indistinctness of utterance, is sometimes a precursor of general paralysis, or of hemiplegia.

If this condition depends upon paralysis of any nerve, the one affected is the hypoglossal, the nerve of motion, or muscular nerve of the tongue; for we have seen that both taste and common sensation remain normal, and therefore the nerves upon which these functions depend are intact.

The partially unconscious and semi-cataleptic state in which our patient continued for several days, and from which he can now hardly be said to have entirely emerged, as evidenced by the dull expression of countenance, even at present, and more particularly his indisposition to make any special exertion to protrude the tongue and move it in articulating words, would seem to indicate that the trouble is rather in the brain itself than in any lesion of the hypoglossal nerve—a view of the case which would seem to be strengthened by the mode in which the tongue was protruded, not by a series of gradual changes for the better, showing themselves from day to day, but extending it at full length at once, and as rapidly retracting it.

But you may ask whether this change was not to be fairly attributed to the remedy used, under which changes are supposed to take place in the brain, especially in deposits and thickening from syphilitic disease, which are followed by more or less return to a healthy state. I think not in the present case—first, because the time is too short for such an effect; secondly, there is no evidence of any syphilitic taint; and thirdly, the change was sudden, not gradual, as we should expect it to be, if produced by the remedies used.

Original Communications.

GUNSHOT WOUND OF LEFT LUNG.—DISLOCATION OF HEAD OF HUMERUS.—CONGENITAL PHYMOSIS; OPERATION.

By DEWITT C. PETERS, M.D.,

ASSISTANT SURGEON U. S. ARMY.

SEVERE GUN-SHOT WOUND OF THE LEFT LUNG—RECOVERY.

H. S., Jr., aged 19 years, a conductor on the California Overland Mail Stage Route, was wounded at Fort Davis, July 29, 1860, in the following manner: He was taking a Sharpe's carbine from a coach, and in doing so, imprudently seized the weapon by the muzzle and attempted to draw it from its resting-place. The consequence was that the hammer of the lock caught on some obstacle in its progress, and the gun being loaded, discharged a "slug," weighing half an ounce, which entered the left breast, between the fifth and sixth ribs, one inch and a half below and a little to the left of the nipple. Its course was then backwards, downwards, and inwards, the point of exit being on a line with and about one inch and three-quarters below the lower angle of the left scapula. The patient when wounded, was standing on the ground and within three feet of the mouth of the piece. The ball made its entrance and exit through the intercostal spaces without doing any apparent damage to the neighboring ribs.

Being the only surgeon at hand, I was consequently sent for. I found the sufferer much prostrated, verging on collapse, with a pulse scarcely perceptible, blanched skin, and cold extremities. On placing my ear over the region of his heart, a peculiar feeble rumbling sound could be heard, which made me fear lest that organ might be wounded. He was, after this hasty examination, placed in a more comfortable position, and such stimulants as brandy and carb. ammonia were freely given, while sinapisms

were ordered for his extremities. The clothing covering the wound was speedily but carefully removed, by the aid of a pair of scissors. The integument around where the ball entered was much blackened by powder, thereby showing the closeness of the weapon when discharged. Protruding from the anterior wound were some shreds of a woollen shirt, which were carefully removed, and the finger introduced to explore the adjacent intercostal arteries, which, however, fortunately were found sound. A probe being next inserted, readily followed the track of the ball, through the substance of the lung as before described. Respiration in the injured lung at first could be distinctly heard, accompanied by a loud crackling and gurgling sound; but as reaction came on, this noise gradually became more and more obscure, until the organ, from coagulated blood and congestion, seemed to be one solid mass. From the posterior wound there oozed a continuous stream of dark and thin bloody material. On exploring the neighboring intercostal arteries they were also found uninjured. Air escaped from the lung into the cellular tissue covering the chest, causing emphysema, which soon became circumscribed as the respiration ceased on that side. Both wounds, after being thoroughly cleansed, were dressed with simple cerate spread on pieces of lint, and held in place by strips of adhesive plaster. Over the lint two very soft pads of tow were placed, and the whole confined by a broad body-bandage snugly pinned. Under the influence of the stimulants, sinapisms, and artificial heat, reaction came on and the sufferer was carried on a litter to the Hospital, where, finding that his bladder was overdistended, it was emptied by a catheter. July 30.—The patient continued to take his stimulants until his pulse became strong and full, and his skin had regained its temperature. The carb. ammonia and brandy were then stopped, and wine whey substituted. His respirations are hurried and labored. He complains of intensely sharp pain in the wounded side, and especially so on attempting to take a long inspiration. Towards morning a short, hacking cough set in, accompanied by a few scanty expectorations of clotted blood, this being the first of that material which had yet escaped from his mouth. The pulse is 102, intermittent. The heart continues its remarkable rumbling sound, but to a louder degree than then. This can only be accounted for by supposing that this organ has received some injury, either directly or otherwise. The respiration cannot be heard in the wounded lung, nor can the air be detected entering the larger bronchi. Percussion gives a flat sound. From the posterior wound there oozes still the dark bloody discharge, which has now amounted to several ounces, yet the wounds themselves look as well as could be expected. The emphysema has not extended, but rather has decreased under the influence of the bandage, etc. The patient now passes his urine voluntarily, but it is scanty and high-colored. After cleansing the parts, it was thought best to apply a good-sized blister over the chest to act as a prophylactic against inflammation. The other dressings employed were of the same kind as were used yesterday. Beef tea, wine whey, and barley-water were continued. At night active febrile symptoms made their appearance, when the wine whey and beef tea were suspended, and spirits of Mindererus, with small doses of Dover's powder, were substituted. July 31.—He has slept somewhat during the night, but at times was delirious. The sharp pain in the side continues unabated, and hinders his taking a long breath. His pulse ranges 106, and is more regular and stronger. The heart is regaining its regular sound and impulse. There can be but little change detected in the condition of the lung since yesterday. The wounds present a favorable appearance, and are beginning to clean off, while the bloody discharge from the posterior one is less in quantity, and altered in consistency and color. The expectoration is more tenacious, and still is streaked with blood. The wounds will be dressed as before and the same internal remedies continued. The bowels having been confined since some time before the accident occurred,

they were opened by a mild aperient enema, and with relief to the patient. *August 1.*—He rested comparatively well last night, and is evidently much the better for it this morning; has less pain and can breathe much easier. His pulse has fallen to 95, and has lost much of its force since yesterday. The severe cough that has troubled him thus far has become loose, and it is followed by a mucous expectoration of a dark color, but in which no blood can be seen. His tongue is coated by a thin white fur and is moist, while his skin is of a good temperature. On placing the ear to the chest the respiratory murmur can be clearly detected in the apex of the left lung, accompanied by a mucous rattle. The discharge from the wounds begins to assume the characteristics of pus, and is quite free. The blister filled well a few hours after it was applied, and is yet performing its mission thoroughly. The *spiritus Mindereri*, Dover's powder, and more stimulating diet continued, with the addition of cooling drinks, as effervescent draughts, etc. *August 2.*—The patient had but little cough to trouble him. The natural respiration in the wounded side is gradually returning. The pulse remains still frequent, being 92 beats in a minute, but yet it is regular and easily compressed; the sputa has a slight brownish tinge. The wounds are commencing to rid themselves of tough pieces of slough. He is now taking a mild stimulating expectorant combined with tonics, and a more generous diet than heretofore is allowed him. The local dressings are much the same as used from the first. *August 14.*—Since the last date the patient has continued to recover without any untoward symptom intervening, and is now able to sit up and move about the ward. The wounds are fast contracting and healing up. At one time one of the glands in the left axilla threatened to suppurate, but the ordinary means used in these cases prevented this accident. He is now taking cod liver oil and syr. iod. ferri, with marked improvement. The respiration in a great portion of the wounded lung is re-established, and differs but little from that of its fellow. *August 25.*—The patient is now entirely recovered, and his wounds having both healed, he is discharged cured.

Remarks.—One of the most singular phases in this case was the close proximity of the wound to the heart and great vessels without serious damage to either. The rumbling sound and the irregular impulse of the heart, which lasted two days after the accident, might have been the consequence of a contusion of the heart, or it might perhaps more probably have resulted from the sudden shock to the nervous system. Speculation could dwell on these two points; nevertheless we are here again made to believe that even the heart can now and then receive rough usage without ultimately causing death. This extensive wound to the lung substance, followed by recovery, would not by itself be the subject of great surprise.

DISLOCATION OF THE HEAD OF THE HUMERUS OF SEVERAL DAYS' STANDING, THREATENING PARALYSIS OF THE ARM.

Mr. W. R. H. of New York, aged 45, a passenger in the Overland mail, while on route for New Mexico, during August, 1860, was upset in a mail stage, and suffered the above injury to the right arm. The accident happened five hundred miles from Fort Davis, and the patient was obliged to travel that distance before he could obtain surgical advice and treatment. On examining the arm I found it very much swollen, edematous, and discolored by extravasated blood. The acromion process on that side could be felt, and beneath it there was an absence of the head of the humerus from its natural position which, however, without much difficulty could be detected resting in the axilla. The patient was unable to flex his forearm on his arm, or raise his hand to his head. Mr. H. states that he has travelled five days and nights with affairs in the condition herein described. At the start he was inclined to believe that his shoulder had received some severe injury, such as a dislocation, but his friends insisted upon it that it

was a severe contusion. He says he has slept very little since the accident happened, and that for some hours he suffered intense pain. However, this gradually disappeared, leaving in its stead a sensation of numbness which, on his arrival, amounted almost to paralysis. During his journey he has been compelled to let the limb hang suspended by his side, it being the easiest position he could place it in, and the consequence was that every jolt tended to increase the injury and swelling, therefore on his arrival it was nearly double the size of its fellow. The relaxed condition of the patient rendered it unnecessary to use any anesthetics. Hence, without further delay, his coat, vest, and shirt were removed, and he was requested to lie on his back. By the aid of two strong men making extension, with my foot in the axilla making counter-extension, the reduction was accomplished after considerable exertion on the part of the operators. I next proceeded to loosely bandage the limb from the fingers up to the shoulder, and then confined it across the chest in a semi-flexed position, and ordered evaporating wash which should be constantly kept applied. A full dose of opium was administered, and under its influence he quietly fell asleep. The patient remained at this post undergoing treatment for several days. The swelling and ecchymosis slowly disappeared under bandaging, the use of stimulating liniments, and the shower bath. Not so with the paralysis, which still persisted, and it was not until one week had passed before it yielded in the least. On once beginning to recover from this bad symptom, everything went on favorably and rapidly, until he felt himself strong enough to resume his journey.

Remarks.—During a three years' pupillage in the New York Hospital I enjoyed the privilege of witnessing many cases of the reduction of dislocation of the shoulder into the axilla, and since then in different institutions both in this country and abroad, as well as in my own practice, I have seen a goodly number of the same accident, but I do not remember one where the paralysis was so marked or so difficult to overcome as in the case I have above related. There is every reason to believe that had the patient continued on his journey for even two or three days longer he would have permanently lost the free use of his arm, or at the best it would have taken a long time for him to have regained its muscular and nervous power.

CONGENITAL PHYMOSIS, GONORRHOEA, AND INFLAMMATION OF THE GLANS PENIS, FOLLOWED BY ADHESION OF THE PREPUCE TO THE GLANS.—OPERATION, ETC.

Patrick O'C—, aged twenty-six years, and of good constitution, a soldier in the U. S. army, presented himself to me, Aug. 1860, and complained that he passed his urine with great difficulty, owing to some obstruction in its progress. An examination revealed the fact that the prepuce had so contracted over the mouth of the urethra, that it seemed almost impossible for the urine to escape in a stream of any size. The opening in the prepuce had become so reduced by cicatrization that it would hardly admit of the introduction of an ordinary probe, and by its position it naturally acted like a valve to the flow of urine. On further investigating the parts I found that the prepuce adhered firmly to the glans, and no longer freely moved as it was wont to do. The patient states that six years ago he had gonorrhoea, and that during the progress of the disease he resorted to the use of strong nit. of silver injections for its cure. The glans being excoriated and inflamed he several times threw the injection under the prepuce, as well as in the urethra, but experience taught him that this was a painful business, and he was obliged to desist on account of the "swelling and redness" that supervened and alarmed him. The gonorrhoea yielded to his remedies, but the soreness of the prepuce persisted for some time, and only quitted him when it had fairly cemented together. He says, even since his recovery from the gonorrhoea the opening in the prepuce has been gradually contracting, and it has been a source of great annoyance to him, as the skin has been in

a state of constant irritation, which can readily be accounted for by the force necessary to expel the urine through so small an aperture.

Treatment.—A free incision through the integuments was made, along the dorsum of the penis, for the extent of about one inch. The flaps thus formed were each dissected back so as to expose the entire glans to view. A few bleeding vessels required to be twisted, and then dry lint was inserted between the raw surfaces so as to prevent adhesion again taking place, and over the whole cold water dressings were directed to be kept constantly applied. By carefully watching the healing process, and keeping the lint in its proper position, cicatrization rapidly went on, and in ten days' time the organ presented something of its natural appearance, and the obstruction to the flow of urine was entirely overcome.

Fort Davis, Texas, Oct. 1860.

Reports of Hospitals.

ST. LUKE'S HOSPITAL.

SERVICE OF DR. BUMSTEAD.

GUNSHOT WOUND OF ABDOMEN—LACERATION OF THE LIVER, GALL-BLADDER, AND RIGHT KIDNEY.

[Reported by EDWARD B. DALTON, M.D., Resident Physician.]

A MAN, 25 years of age, a muscular laborer, was received into the accident ward of the hospital on October 23, 1860, at 2.30 P.M. At 9.30 A.M. of the same day he had received a gunshot wound. A rifle-ball had pierced the abdominal walls one inch and a half to the right of the median line in front, midway between the lower edge of the ensiform cartilage and the umbilicus. It had emerged five inches to the right of the vertebral column and one inch above the crest of the ilium. On his arrival at the hospital, five hours subsequent to the accident, the patient's condition was as follows: Pulse ninety-two and of moderate strength; respiration thirty per minute; surface warm and natural; countenance clear and consciousness unimpaired; moderate pain and tenderness over the abdomen, the walls of which appear unusually full; suffers also from thirst; lies more comfortably upon the wounded side; blood trickles slowly from anterior wound—none from posterior. A bladder filled with crushed ice was applied over the anterior wound—and pulv. opii, gr. ij. immediately administered. There had been no evacuation of urine since the accident. On passing the catheter, some difficulty was experienced at the entrance of the bladder. This being overcome, a moderate quantity of dark-colored urine, subsequently found to contain a small amount of blood, was withdrawn. The same unusual amount of constriction was felt in withdrawing the instrument. One hour subsequent to the first administration of opium a third grain of the drug was given. Half an hour later the patient vomited some five or six ounces of fluid containing a large proportion of bile; while at each effort blood was forced from the anterior wound. He complained again of a great desire to urinate, and the catheter was passed with the same result as before, except that the quantity of urine evacuated was much less; only two or three ounces. From this time up to that of his death he continued to pass small quantities at intervals of an hour. The vomiting now occurred so frequently as to render it useless to give more opium by the mouth. The patient complained very much of pain over the abdominal region, which had now become very tense and dull on percussion, a condition which steadily increased until death. He also complained of a desire to defecate, and a full purgative enema was administered, but without beneficial result. Twenty-five drops of Magendie's solution of morphine were given per rectum, by which means

an interrupted sleep of several hours was induced; meantime the pulse had risen to 172 per minute, the respiration to forty; no marked change in the symptoms was noticed during the remainder of the night. At 6.30 A.M. of the day following the accident the patient, after replying to a question, made an effort to turn in bed, and suddenly expired.

Autopsy, five hours after death.—Rigor mortis moderate. Abdomen distended and dull on percussion. An incision along the median line shows slight extravasation of blood in the subcutaneous tissues near the anterior wound, and continued still further discloses the peritoneum firmly stretched and of a dark color. On puncturing this membrane a jet of blood is thrown from the opening, and the peritoneal cavity is found crowded with blood, mainly in a fluid condition, and having a slight intermixture of air. The surface of the intestines is deeply stained—old peritonitic adhesions are noticed in the left iliac region. There is a lacerated wound of the liver involving the right lobe close to the longitudinal fissure. The upper wall of the gall-bladder is torn, and its cavity filled with coagulated blood. The right kidney has a lacerated wound on its outer aspect, and the substance of the organ is infiltrated with blood. The bladder is strongly contracted, and its internal coats give evidence of chronic inflammation.

BROOKLYN MEDICAL AND SURGICAL INSTITUTE.

CLINICAL CASES IN THE SERVICE OF PROF. LOUIS BAUER, M.D.

[Reported by CHARLES E. HALSEY, M.D.]

CASE 1. *Morbus Coxarivus—Entire Resection of Caput Femoris—Removal of Portions of the Acetabulum—Recovery.*

—The patient, Charles Skinken, came under observation on the 3d day of April, 1860, and having been thoroughly examined, Dr. Bauer prefaced the operation by the following remarks:—The staff of this institution has invited your attendance in order to witness an operation which presents some features of scientific and practical interest. The patient, whose history we shall consider, is a little boy six and a half years of age. Although descending from healthy and robust parents, and once himself of unqualified good health, he appears before you in a most emaciated and anæmic condition. This, however, will not surprise you, when you learn that with the interruption of one year, he has been the subject of intense suffering from an affection of his right hip-joint for the last three and a half years. The disease might have existed five months when the patient was placed under my care. At that time the affected limb was already elongated, everted, and abducted with corresponding obliquity of the pelvis. The joint was exceedingly painful on motion, *counter-coup*, and pressure. The constitution was greatly affected from the want of appetite, rest, and unremitting febrile excitement. This briefly was the condition in which the patient was admitted, and you will perceive that we had to deal with the second stage of hip-joint disease. The quantity of inflammatory effusion could not have been great, since it was not perceptible on pressure made along the posterior ridge of the cotyloid cavity, nor was the mobility of the joint entirely suspended, for passive flexion and extension could still be performed. The parents were unable to assign any particular cause for his affliction. Hereditary scrofula seemed to be out of the question. The child had been reared under a good dietetic regimen, was robust, lively, and presented no marks of dyscrasia. The faint possibility of a scrofulous taint was duly regarded in the subsequent treatment, the greatest attention, however, being paid to the local trouble. By repeated, moderate local depletion, and absolute rest in the wire apparatus (which I have planned and used with good success), we were able to subdue pain; the appetite also improved. Thus the case had proceeded favorably for some months, when the patient was lost sight of.

After the lapse of about six months he was again placed

under treatment—the disease being, however, in a more advanced state, the articular effusion and all the other symptoms having increased. During the interval the patient had been without medical aid except for a time, when he was treated in the New York Hospital. Up to this time the disease had remained in the second stage—i. e. the capsular ligament had not yet been ruptured. This was, however, so much distended as to make a rent almost inevitable, and this fact induced us at once to puncture the joint. In doing so we removed about eleven drachms of a sero-purulent liquid, whereupon the joint could be moved in every direction, without evincing any crepitus, and we could to a certain extent correct the malposition of the extremity. No disagreeable results followed the operation; on the contrary the patient was materially relieved. A few weeks after, the recurring symptoms made it conclusive that a reaccumulation had taken place. The joint was opened by a subcutaneous incision after the plan of Goyrand, with a view to establish a more permanent outlet into the areolar tissue. The result was satisfactory. The patient remained for some time after at the Institution, for the purpose of having his limb properly exercised. When discharged the joint was easily movable, and in pretty good condition, and the patient was taken into the country. During the succeeding year, I heard from him but once, when he was progressing favorably. When he was subsequently presented to us, his father stated that he had enjoyed excellent health, and had been free from all ailment in the affected limb; but that within the last month he had sustained a fall upon the same hip, which had reproduced disturbance in that joint.

On examination he was found to be feverish; the hip swollen, tender, and puffy; the extremity shortened about two inches, inverted, adducted, and flexed at the hip. A diffuse abscess below the glutei muscles was also discovered. The boy being put under chloroform, crepitus in the joint and contraction of the pectineus muscle was noticed. Thus the disease had assumed a more formidable character and extent. For more careful treatment the patient was again placed under our care, when the abscess was opened, the contracted muscle subcutaneously divided, and the patient placed in the wire apparatus. My colleagues coincided with me in the propriety of giving the patient a chance of spontaneous relief from the caries, postponing a more radical operation until circumstances should demand it. The subsequent improvement was so rapid, the patient so comfortable, and his general appearance so encouraging as to inspire us with a hope of successful termination. However, after the lapse of six months the case was far from satisfactory. From time to time new abscesses had formed in the neighborhood of the joint whilst old ones had closed. So long as the discharge was free he felt comparatively comfortable, slept well, had a good appetite and was cheerful. But new abscesses, of course, brought new troubles, and corresponding emaciation. Finally, we concluded that further delay would be tantamount to resigning the patient to his inevitable fate, and therefore the operation of exsecting the carious portion of bone was decided upon as the only alternative. This case may be looked upon as a fair trial, illustrating how far nature may be relied upon in articular caries. It should be borne in mind that during all this time the patient had received more than ordinary attention, and had been visited by other surgeons, in whose skill and devotion we place the most unqualified reliance, and yet the disease progressed. Some eight weeks ago the operation was mooted, when the patient was in better condition, and I regret that we did not proceed at once with it, for with delay we have gained nothing, whilst the disease has decidedly advanced. In cases similar to this, we hear experienced surgeons counsel to wait until the patient has acquired strength enough to bear the operation. Such counsel, permit me to say, is quite out of place, and I submit the question, How can a patient improve, with appetite, digestion, and rest impaired, and whose system is progressively debilitated by an extensive and continuous drainage?

The decreasing weight alone would be sufficient to indicate the fallacy of the advice of temporizing.

Operation.—In the presence of Drs. Lewis A. Sayre, Stephen Smith, Daniel Ayres, Krackowizer, Whaley, and others, Dr. Bauer proceeded to exsect the head of the thigh-bone. A single incision was first made directly behind the great trochanter, to the extent of about five inches, and sufficiently deep to fully expose the articulation. The capsule was then entered and laid open along the entire posterior margin of the acetabulum. The ligamentum teres being totally destroyed by previous suppuration, the dislocation was readily accomplished. The carious portions of the joint were carefully and effectually removed by the gouge and rasorium, for the success of the operation depends upon the thorough removal of all detritus. It being desirable that the wound should heal by the *second intention*, it was well plugged with lint, and the patient placed in the wire apparatus, in order to secure rest and proper position.

August 10.—Since the operation was performed no untoward symptoms have interfered with the healing process of the wound, which is now almost entirely closed, requiring but occasional dressing. The general condition of the patient has steadily improved. His appearance is better, and his weight materially increased. The afflicted leg is about one and three-quarters inch shorter. The intermediate substance formed in place of the removed bone is about two and a half inches in length, firm, and of sufficient strength to sustain the weight of the body. It is immediately connected with the shaft of the thigh-bone freely moving upon the acetabulum, at which place it seems to be enlarged and flattened.

In the after treatment of this case Dr. Bauer has used Dr. Sayre's splint with excellent results.

The patient was discharged from the Institute some two months ago, being then in a condition which did not require further surgical aid.

CASE II.—Morbus Coxarius—Removal of Carious Bone—Recovery.—Joseph Barnitt, æt. 6 years, was presented at the Institute on the 7th of April, 1860. The condition of the patient was as follows: General debility; body much attenuated; febrile excitement; impaired appetite, and irregularity of the bowels; right leg shortened, adducted, and inverted; pelvis tilted upwards and backwards; right nates considerably swelled, and indistinctly fluctuating; motion of hip-joint greatly impeded, especially on abduction, owing to contraction of the adductors. This condition, for which there was no assignable cause, had been coming on for about three years. The child had several times fallen down a steep stairway, but no untoward symptoms immediately followed. The parents of the child both enjoy perfect health, and are unable to trace any strumous or tuberculous troubles. Diagnosis: Morbus coxarius, third stage, with abscess extraneous to the joint, and probable caries within the joint. Dr. Bauer proposed to cut down upon the abscess situated beneath the glutei muscles, examine then the state of the articulation, and in case of caries, to remove it in the most fitting manner. To this plan the father assented. In presence of the medical officers and invited gentlemen the operation was proceeded with in the method already described in the previous case. The incision was carried down into the abscess, and exposed the joint, which was found to be opened at its posterior circumference and extensively carious. The incision was therefore enlarged, the head of the femur dislocated, and all carious bone effectually removed. The ligamentum teres had been destroyed by ulceration. The whole operation occupied but a short time, no vessels requiring ligation. Having been properly dressed, and the wire apparatus adjusted, the patient was placed in bed. Since the operation everything has gone on finely. On the 5th of August, after four months' treatment, the patient was discharged from the Institute in the following condition: General health good, sleeps and eats well, and has regular alvine evacuations. The wound is not entirely closed; the

remaining opening which is about the size of a three cent piece is surrounded by oedematous margins, signifying no doubt that some slight exfoliation is still in process; otherwise the region of the joint is perfectly healthy, except that for want of the trochanter major the hip is rather flattened. The intermediate substance is about two and three-quarter inches in length, quite firm, closely connected with the shaft, but moving on the acetabulum. The limb is but three-quarters of an inch shortened, and in good position. At present the patient wears Dr. Sayre's instrument, and in all practical points is considered convalescent, with a useful extremity. It may be noticed here that the child has taken no internal medicines, but that great attention has been paid to his diet, which has always been most digestible and nutritious.

BROOKLYN CITY HOSPITAL.

SERVICE OF PROF. HUTCHISON.

THREE CASES OF ORCHITIS, TREATED BY INCISION INTO THE TUNICA ALBUGINEA TESTIS.

[Reported by A. D. WILLSON, M.D., House Surgeon.]

Case 1.—M. L. Seaman, admitted into ward 20, March 16, 1860, with orchitis, which appeared five days before, after the suppression of a gonorrhoeal discharge. The testicle is four times its normal size and intensely painful. He was treated with tobacco poultices, mercurials, etc. etc., for eight days, when the gums became touched, without the slightest improvement; the pain was so intense that he could not sleep. On the 24th of March, Dr. Hutchison made an incision three-quarters of an inch in length over front of testicle, down layer by layer through the tunica albuginea so as to lay bare the gland. On the following day the patient stated that he had been entirely free from pain since the operation; he had slept well at night for the first time since he entered the hospital; the swelling is subsiding; wound allowed to heal by granulation. Two days subsequent to the operation, the discharge from the urethra returned. *April 10.*—Wound has entirely healed, and the testicle has regained its normal size and sensibility.

Case 2.—Peter G., aged 37, seaman, admitted March 14, 1860, with hydrocele of the left side of four weeks' duration. On the 17th, an iron-wire seton was passed through the tunica vaginalis; this was followed by some inflammation which terminated in suppuration, the pus being evacuated by an incision. On the 5th April, the parts on the left side had regained their natural condition, but the right testicle had become swollen and painful. The ordinary treatment for orchitis having been used for two days without relief to the intense pain, an incision three-quarters of an inch long was made very carefully down to the body of the testis. This gave almost immediate relief, and at the end of two weeks the testicle had resumed its usual size, and the wound had entirely healed.

Case 3.—James G., 26, seaman, admitted April 12, 1860, with orchitis, of twelve days' duration, which followed the suppression of a gonorrhoea. The testicle is considerably enlarged and very painful. He had local depletion, tobacco, poultices, mercurials to pyralism, etc., without benefit. *April 16.*—The tunica albuginea was divided as in the preceding cases, and with the same relief to the swelling and excessive pain. He eloped on the 28th, cured.

Remarks.—The above operation, originally proposed by J. L. Petit, was revived, and has been practised by M. Vidal de Cassis in more than four hundred cases with success. In the above cases, it was in the highest degree satisfactory—relieving at once the excessive pain arising from the strangulation of the inflamed organ by the unyielding albuginea, when all the usual remedies had failed. Dr. Hutchison makes the incision through the tunica albuginea with great care so as to avoid wounding the seminiferous tubes, which might lead to the establishment of a seminal fistula.

Clinical Record.

NEW YORK MEDICAL COLLEGE.

PROF. CARNOCHAN'S CLINIC.

OCT. 4, 1860.

[Reported by F. O'DOWD.]

CASE 6. Cancer of the Glands of the Neck.—Prof. Carnochan remarked that the patient presented a typical case of cancer of the cervical glands. It differed from the benign tumor (which was isolated) in its pervading all the tissues. This patient is treated with a plaster of conium. There is no therapeutic agent known which will effect a perfect cure, though the disease may be mitigated. His pulse is 116, and irritable. The pulse is the criterion of organic disease. If there is general emaciation, loss of appetite, and the functions of the system are imperfectly carried on, and the pulse is over 110, you may look for organic disease either of the lungs, liver, kidneys, the brain, or other kindred organs.

UNIVERSITY MEDICAL COLLEGE.

PROF. W. H. VAN BUREN'S CLINIC.

October 31, 1860.

STRICTURE OF URETHRA. ANEURISM BY ANASTOMOSIS. CARCINOMA OF THE BREAST.

CASE 2. Stricture of Urethra.—H. O., 38, has difficulty in passing water, which has been increasing for the last three years; the calls are more frequent than natural, the stream small, and the time required to empty the bladder longer than it should be. Patient has had gonorrhoea more than once, but is disposed to attribute his trouble to a fall astride of a ladder six years ago, in which he bruised his perineum, and at the time passed some blood in his urine. Has had instruments introduced into his bladder at Bellevue Hospital by which his stream was enlarged, and his ability to pass water improved; but when any time passes without the use of the instrument, the difficulty has recurred. On introducing a full-sized steel sound, an obstruction which could not be passed by gentle pressure and careful manipulation was found about five and a half inches from the orifice, and another, which could be passed, was recognised at about two and a half inches down. Small instruments were then tried, and with some difficulty a No. 5 was passed into the bladder.

Diagnosis.—This man has organic stricture, and there is evidence in the perineal bruise and subsequent bleeding that it may be, in some degree, traumatic; but he has also had gonorrhoeal urethritis, and a second stricture forming in the anterior portion of the canal which could hardly result from injury, and is much more likely to be the result of gonorrhoea. Moreover, six years have elapsed since the fall across the ladder, and it is only recently that narrowing of the stream has forced itself upon his attention. Now, traumatic strictures are generally rapid in their formation, depending as they do upon the contraction of a wound or laceration of the walls of the canal; whereas strictures following gonorrhoea are, as a rule, slow in their formation, not attracting attention, frequently, until several years have elapsed, and their cause, perhaps, willingly forgotten. In the present case I should lean to the opinion that the strictures were, probably, gonorrhoeal in their origin, the lower one possibly complicated by the effects of the bruise. If there is anything traumatic in this case, it makes the prognosis more unfavorable.

Treatment.—I should employ dilatation in this case, at all events until I had ascertained the temper of the patient's urethra, and the degree of dilatability of his strictures; introducing the steel sound, as I have just done, every third or fourth day, allowing it to remain in the canal about five

minutes each time, and gradually increasing its size as the stricture yields.

CASE 3. Aneurism by Anastomosis.—A little child, four years old, was presented with the above in the form of a small tumor on the left side of the nose. The part had, the week before, been burned with hot needles, the requisite amount of tissue not being destroyed for fear that a larger scar than was necessary would be left. The operation was repeated.

Remarks.—These tumors result from a congenital defect in the organizable vessels of the part. When they increase to a large size, as they not unfrequently do, they are liable to become ulcerated in consequence of their defective nutrition. These ulcers are very prone to bleed, more especially if the tumor is one in which the arterial element predominates. When this state of things exists, it constitutes what the French call *fungus hamatodes*. I have seen it develop itself around the throat and neck, where it was impossible to get at it with any instrument. In that case injection was made with the persulphate of iron by Dr. Halsted at the N. Y. Hospital, with great benefit. The mode of using this is to introduce threads saturated with the preparation, through the substance of the tumor. You have thus a double curative influence, the coagulation of the blood and the inflammation established by the threads. I have found, however, that this treatment is not always successful; that the blood only in the track of the thread becomes coagulated, while the other portion of the tumor is unaltered. I now place my reliance upon the hot-needle. The punctures are made at a greater or less distance apart, accordingly to the vascularity of the tumor.

CASE 4. Carcinoma of the Mamma.—A female, 48 years of age, presented herself with the following history: "She has had eleven living children and one miscarriage, and about seven or eight years ago suffered from a milk abscess in her left breast. She is perfectly regular in her menstrual periods, and has no hereditary predisposition to cancerous disease. About two years ago she first noticed the appearance of a hard lump in her left breast, and in the course of a few months the organs of the opposite side became similarly affected. On examination of the diseased portions, they are found to possess an extreme degree of hardness; there does not seem to be any enlargement of the glands in either axilla, though in the right side the lymphatic trunks seem to be more or less affected. The shape of the left mamma is very much altered, being shrunken and corrugated in the position of the nipple, which in its turn is very much distorted. The whole organ is about one-sixth its normal size. With these physical peculiarities there is a certain amount of pain, which is occasionally of a sharp darting character. In the other breast there are two other hard masses, and the nipple is also puckered.

Remarks.—Now in a case of scirrhus of the mamma the question as to the propriety of an operation is one that must always be settled by the circumstances of the case. As a rule, I believe a resort to such a measure does not prolong life. It is true it may afford relief from pain, from the disagreeable odor, and from anxiety of mind; but the growth generally makes its appearance again, either in the same locality or some other portion of the body within the following eighteen months or two years. The operation ought not to be performed under any circumstances unless the whole of the diseased mass or masses can be removed; consequently, in this instance, no relief can be afforded. The hard variety of cancer is most chronic. The breast first attacked was the left, which, from some unexplained reason, is most generally the case. The disease is the result of a heterologous deposit, and takes its origin in a cell growth leading to the formation of tumors which are prone to ulceration. In the left breast, ulceration is imminent. She has had some drops of blood escape from the nipple dependent upon the progress of the disease and the consequent rupture of a blood-vessel.

Treatment.—I advise this lady to have nothing done in the way of an operation, but simply avoid everything that

may tend to bring about ulceration; and when it does take place, to apply to the abraded surface the most unirritating ointments; to attend also to her general health, and submit to the will of God.

PROF. JOHN T. METCALFE'S CLINIC.

OCT. 31, 1860.

CIRCUMSCRIBED PLEURISY.—WRIST DROP.

CASE 2.—Circumscribed Pleurisy.—D. M., æt. 24, sailor, native of Ireland, presented himself the week before with pain in the right chest, which was aggravated by cough and inspiration. These symptoms have existed since the 18th of last March, and were the result of exposure to cold. The expectoration is white and frothy; all the other functions of the body are perfectly performed. A physical examination discloses the following facts: The right nipple is a little higher than the left; breathes naturally; no difference of vocal vibration between the two sides; no dullness on percussion as far down as the border of the third rib in front; percussion symmetrical and natural. Below and to the right of the right nipple, about two and a half inches distant from it, is the centre of dullness, limited to a space about two inches square, where there is also tenderness on percussion and pressure; this is the only spot where he complains of pain. Percussion normal over the whole posterior part of the chest, as is also the case with the respiration and voice. Over the dull spot in front there is also feebleness of the respiratory murmur. At the close of the inspiration on the edge of this part there is quite a well-marked friction sound audible, but over the centre of dullness no such sound is recognisable. No abnormal dullness over the hepatic or cardiac regions. Pulse 84; respiration 20.

Diagnosis.—The symptoms might be explained by referring the cause either to bronchitis, pneumonia, phthisis, or circumscribed pleurisy. In bronchitis there is the peculiar expectoration which is present in this case, and also cough, but there is no dullness on percussion. In pneumonia, you have a rusty expectoration, dullness posteriorly, bronchophony, and besides, a disease of short duration. Phthisis would give the following physical signs: marked deformity of the chest; dullness on percussion under one or both clavicles, attended with a want of expansive power; some difference in the vocal vibration of the two sides; prolonged expiration, crepitant râles, hæmoptysis, etc. By supposing it to be circumscribed pleurisy, all the symptoms are satisfactorily explained—the friction sound, or rather the stretching sound, would point to the existence of false membrane, while the dullness would show the presence of a localized effusion. This effusion has probably been quite extensive, and has nearly all been absorbed. The rational symptoms have been such as to make us believe that the effusion is serous in character, unmixed with pus. The prognosis then is good.

Treatment.—Counter-irritation in some form or other is indicated, and in this instance it can be best accomplished by blisters. The administration of calomel is altogether uncalled for in these cases, and is a practice which should be looked upon as hurtful to the welfare of your patient. If the effusion of serum were great in quantity, absorption could be produced by the use of the iodide or bromide of potassium. In this case, however, no such remedy is needed.

CASE 3.—Wrist Drop.—H. McC., painter, 23 years old, has inability to extend the hands upon the forearms, which symptom first showed itself about the middle of May last. At that time he retired one night, after a day's work, feeling as well as usual, but when he arose in the morning, he noticed that his wrists dropped, and since then he has had no control over the extensor muscles. All along the margin of his gums there is distinctly seen the blue line (Burton's). Patient has been attacked, during the last six

years, five different times with colic. These symptoms are in ninety-nine cases out of one hundred, pathognomic of poison by lead. This metal is introduced into the system in various ways, but painters as a class are by far the most liable to its influences.

Treatment.—The object of general treatment in these cases is the elimination of lead from the system, which cannot be better accomplished than by the administration of iodide of potassium. This salt is very soluble, and combines weight for weight with water, so that a solution can be made in each drop of which there is a grain of the remedy. We are thus enabled to give the usual dose, five grains, in as many drops. The patient should also take a good sulphur bath every day. Local treatment consists in maintaining the hand upon a splint, making use of frictions, electricity, and passive motion, in order to keep up the tone of the affected muscles, and thus prevent fatty degeneration of their substance.

JOURNALS FOR OCTOBER.

CHICAGO MEDICAL JOURNAL.—October.

ART. I.—*Notes relating to the extirpation of the Parotid Gland.* By PROF. DANIEL BRAINARD.—A brief notice of the history of this operation, concluding with a list of ninety-one cases, two of which were performed by the author. **ART. II.**—*Chronic Iritis.* By Dr. E. L. HOLMS of Chicago.—Iritis that has healed with adhesions between the lens and iris is almost uniformly subject to relapse, the treatment of which consists in removing about one-sixth of the iris, as in forming an artificial pupil. **ART. III.**—*Nervous Agency in Inflammatory Action.* By Dr. L. S. ELLIS, Chicago. **ART. IV.**—*Diphtheria.* By Dr. A. K. VAN HORN.—The author concludes that the cases seen by him were in reality those of scarlatina. The treatment was sustaining, with diaphoretics and appropriate local applications.

NASHVILLE JOURNAL OF MEDICINE AND SURGERY.—October.

ART. I.—*Clinical Remarks upon Ulcers of the Cornea.* By Dr. C. R. AGNEW, Surgeon to the New York Eye Infirmary. Ulcers of the cornea are common from infancy to old age, and are here divided into irritable, inflamed, and atonic. For the irritable ulcer he regards the nitrate of silver as almost a specific; and this with appropriate constitutional remedies, and keeping the eye closed with strips of isinglass plaster, will generally suffice. **ART. II.**—*A new Needle for Sutures.* By Dr. PAUL F. EVE.—The needle is mounted on a handle, is slightly curved with a lancet-like point and canula at the curvature through which the ligature is passed; the sides of the wound being transfixed, the ligature is passed through the canulated portion, and held while the needle is withdrawn. **ART. III.**—*Psychology.* By Dr. B. H. WASHINGTON, Hannibal, Mo. **ART. IV.**—*Tobacco vindicated.* By JEROME COCHRAN, Student of Medicine in the University of Nashville. **ART. V.**—*Ligature of the Femoral Artery.* By Dr. E. J. KIRKES of Radfordsville, Ala. **ART. VI.**—*Successful Treatment of Vesico-Vaginal Fistula.* By Dr. W. T. BRIGGS of Nashville.—The fistula was situated at the junction of the vagina with the cervix uteri. The operation consisted in uniting the vaginal with the uterine lip of the fistula, thus throwing the os uteri into the cavity of the bladder. The recovery was complete.

ATLANTA MEDICAL AND SURGICAL JOURNAL.—October.

ART. I.—*Valedictory Address in behalf of the Graduating Class of 1860.* By S. T. BEASLEY, of La Grange, Georgia. **ART. II.**—*An Inaugural Thesis on Hygiene, for the Degree of Doctor of Medicine, in Atlanta Medical College.* By THOMAS H. SANDERS, of Anderson, South Carolina. **ART. III.**—*Medical Clinic for the Session of 1860.* By J. G. WESTMORELAND, M.D. **ART. V.**—*Ethereal Tincture of*

Valerian in Convulsions of Children.—The author, Dr. H. L. BYRD, of Savannah, alludes to an article in the September No. of this Journal, and claims the credit of introducing this subject to the profession.

NEW ORLEANS MEDICAL NEWS AND HOSPITAL GAZETTE.—Oct.

ART. I.—*A Case of Cryptorchidism, with Remarks.* By ANTHONY PENISTON, M.D. **ART. II.**—*A Statistical Tableau of the Cases in Wards fourteen and fifteen of the Charity Hospital.* By ANTHONY PENISTON, M.D.—The whole number of patients was one hundred and fifty-four—number of deaths, fourteen; two of whom died of consumption, one of hemorrhage of the lungs, one of scarlet fever, two of sunstroke, one worn out by long and inveterate habits of intemperance, and one of delirium tremens, making eight which might be considered beyond medical aid. **ART. III.**—*Quinine in Pneumonia.* By O. C. GIBBS, M.D., of Frewsburg, New York.—This is a reply to an article by Dr. MARSH, of Port Hudson, denouncing the employment of quinine in this disease. Dr. G. relates his experience, and thinks the remedy peculiarly adapted to pneumonia, especially of the adynamic type, he regarding it as a tonic and sedative.

THE SAN FRANCISCO MEDICAL PRESS.—July.

ART. I.—*On the Diseases of Females in California.* By Dr. E. A. RUNKLER of Placerville.—Change of climate, customs of the country, and various other causes render the female emigrants to California peculiarly liable to diseases, some of which the author has noticed, including a case of cancer, retroversion of the womb, complicated metritis and ovaritis, induration and atresia of the womb with complication, and various affections of the stomach and liver. **ART. II.**—*On the Preparations of Pharmacy.* By E. J. CANAVAN. **ART. III.**—*Removal of seven inches of the Shaft of the Tibia—Reproduction of Bone—Fracture—Pseudarthrosis.*—*Operation—Recovery.* By Dr. E. S. COOPER, Professor of Anatomy and Surgery in the medical department of the University of the Pacific. **ART. IV.**—*Permanent or Adult Teeth.* By E. C. ANGELL, Dentist, San Francisco. **ART. V.**—*Instantaneous Cure of Sciatic Neuralgia by Cauterizing the Lobe of the Ear.* By Dr. JOS. HAINE, San Francisco.—The mode of procedure was to apply an ordinary probe, made red-hot, to the posterior part of the lobe of the ear, on the same side where the neuralgia existed. The author reports three cases, for the purpose of calling the attention of the profession to the subject. **ART. VI.**—*Scooping of Bone a Substitute for Excision or Amputation.* By Dr. E. S. COOPER.—A paper read before the San Francisco Medico-Chirurgical Society, recommends the removal of longitudinal sections of the long bones in cases of disease, and keeping the wound fully open, until the surface operated upon becomes covered by healthy granulation, thereby avoiding great inconvenience that might occur from exfoliation, where an attempt is made to heal by first intention. He reports four cases. **ART. VII.**—*Incipient Gangrene treated by free incision.* By Dr. WM. PITT. **ART. VIII.**—*Case of Dermalgia.* By Dr. J. MORISON.

SMOKING.—The pupils of the Polytechnic School in Paris have recently furnished some curious statistics bearing on tobacco. Dividing the pupils of the college into groups, the smokers and the non-smokers, it is shown that the smokers have proved themselves in the various competitive examinations far inferior to the others. Not only in the examinations on entering the school are the smokers in a lower rank, but in the various ordeals they have to pass through in a year, the average rank of the smokers had constantly fallen, and not inconsiderably, when the men who did not smoke enjoyed a cerebral atmosphere of the clearest kind.—*Pharmaceutical Journal.*

American Medical Times.

SATURDAY, NOVEMBER 10, 1860.

PAST AND PRESENT.

THAT we have fallen upon evil times seems to be the settled conviction of some of our medical brethren. We never fail, when we meet them, to be entertained with their repinings at the low state of medicine in these degenerate times, and the consequent prevalence of empiricism. Some of our older physicians, of this class, have been heard uttering pious benedictions upon the early communities in which they practised their profession, and predicting for the rising generation of medical men, lives of unrequited toil, and life-long contentions with the evil genius of medicine. A veteran practitioner was lately bemoaning the unwillingness of his patients to submit to bloodletting, and attributed this fatal prejudice to the influence of the prevalent systems of quackery. Another, in the meridian of life, ambitions of a wide consultation business, with many a vain regret, deplored the strict rule of ethics which debarred him from cropping in the flowery fields of illegitimate practice. A third, encountering in his families the baneful influences of empiricism, was half tempted to become everything to every one, to retain and extend his business. We think, indeed, that many a one is led, at times, to believe that our age is about the most trying upon which he could have fallen. He sighs involuntarily for a return of that period when the good physician was held in equal veneration with the Gods. It flatters his professional pride, galled and chafed by daily contact with the rude and inappreciative age in which he lives, to recall the language of inspired wisdom:—"Honor the physician with the honor due unto him, for the most high hath created him because of necessity. * * * Give place and honor to the physician, for God hath created him; let him not go from thee, for thou hast need of him." How his heart warms towards Herophilus, who called physicians, "The hands of the Gods;" and how he honors the great Homer, who affirmed "That one physician is far more worthy than many other men." He regrets that his lines had not fallen in the pleasant places of the past—among the intelligent Abderians of whom it is said, when Hippocrates came to their city to cure Democritus of his madness, not only the men, but also the women and children, and people of every age, sex, and rank, went forth to meet him, giving him, with a common consent, and loud voice, the title of tutelary deity and father of their country; or among the Athenians who celebrated plays to his honor, and placed upon his head a crown of gold, and finally erected his statue for a perpetual monument of his piety and learning. He will note many other periods in the history of medicine when it would seem far happier to have lived than at the present; when physicians appear to have been held in higher public estimation, and empiricism had far less influence. But the student of history, who penetrates beneath the surface of events, with due discrimination contrasting the spirit of the past with that of the present, finds much to commend the latter to his esteem; and to nerve him to greater effort and

vigilance. He learns that the grossest forms of empiricism prevailed universally among the people of the past, and that Hippocrates, Galen, Paré, and others, had to contend, life-long, against its wide-spread popular influence. He learns, too, that all the great names which adorn the history of medicine derive their chief lustre from lives of probity, self-sacrifice, and devotion to the highest interests of their profession. In vain he searches for evidence that they ever made their profession subservient to the interests of worldly honor or gain; or by evil associations, directly or impliedly, recognised empiricism in any form. To such a student these are the repinings of selfish or shallow men, who pursue their profession from motives the most grovelling and unworthy. The present has its trials, as had the past; but it will require little penetration to discover that the degeneracy of our times does not show itself so much in the prevalence of empiricism or the credulity of the people, as in the ignorance, the cupidity, and the low, selfish aims of regularly educated medical men. "Medicine," says Hippocrates, "is of all the arts the most noble; but owing to the ignorance of those who practise it, and of those who inconsiderately form a judgment of these, it is at present far behind all other arts." A remark more pertinent to our own times could not well have been made. The venerable physician who condemns his patient's aversion to his favorite operation of phlebotomy, has lived to see the patient become wiser than himself. It is not a change in public sentiment that renders the practitioner of to-day less successful in gaining the confidence of his families than formerly, but it is the rust that he has allowed to accumulate upon his knowledge, which the intelligent communities of our time readily discover. We have mentioned cupidity as one of the sins of medical men, which tends to abase medicine. We believe it is the most damning evil of the profession of our times. It is not only the grand obstacle to the constant acquisition of knowledge, which should characterize the true physician, but leads him into evil practices and unprofessional associations, which degrade his profession to a level with that of the merest trade. The wild rush of medical men for business, the arts by which they often obtain it, and the desperation of the less successful, are most humiliating to witness. It is not to be denied, and we make the confession with shame, that there are practitioners among us, holding important medical positions, who give professional advice to irregular practitioners, simply to gain the paltry fees which accrue from such associations. Many weak and timid men are led by these examples to disregard the high obligations of their calling, and, allured by the vaunted popular estimation of the various forms of empiricism, to seek its flattering rewards; they soon become indifferent to their shame and disgrace, and are lost to our profession. Such are some of the causes of the evil times upon which we are thought to have fallen, and of which we hear such frequent complaints. The remedy, like the evil, is in the profession itself. The line between the true and false, the honest and the dishonest, cannot be too strictly drawn, nor too rigidly maintained. Let the profession not only eschew all alliance with empiricism, but reject from its fellowship all who countenance or abet irregular practice. Let it purge itself of these unworthy members, these perpetual croakers, whose instincts lead them to quackery, and who are withheld from its full embrace only by the desire to maintain a

certain degree of respectability. Then will the greatest obstacle to the triumph of legitimate medicine be removed, and we may hail the epoch of the "good time coming."

THE WEEK.

CRIMINAL abortion is one of the gigantic social evils of our times, which lies directly within the province of the physician in his daily duties. He is the first to learn the secret desires of the principal or abettor; and his consent to, or denunciation of, the act, will often change at once, and decisively, the purposes of the criminal. In a larger and more important sense, the profession has the power of diminishing this crime, viz. in that direct influence which it can exert upon the social habits of communities, tending to place this act among the most criminal. As medical journalists, and fully impressed with the belief that the profession is responsible for much of the laxity of public opinion as to the criminality of procured abortion, this subject has often pressed upon our notice, and shall yet receive at our hands due attention. Meantime, as embodying our own sentiments, we introduce a series of resolutions presented at the quarterly meeting of the SCOTT COUNTY MEDICAL SOCIETY, of Iowa, by Dr. E. J. FOUNTAIN. We heartily indorse these resolutions, which, in the terse, concise language of the talented author, state clearly and forcibly the duties of medical men in regard to this great evil. We hope this is but the initiative of a general movement among our medical societies, to create a sentiment, in the profession throughout the country, actively adverse to criminal abortion. We hail it as a good omen that a young and vigorous society of the West, already distinguished for its efforts to maintain the highest standard of professional respectability, has taken a stand so honorable, and now appeals to other societies for their co-operation. We gladly place its resolves upon record, and earnestly hope they may stimulate other societies to like action.

"WHEREAS, The medical profession are everywhere cognizant of the fact that the crime of *criminal abortion* is fearfully prevalent, and increasing in all classes of society; and

"WHEREAS, The progress of civilization and the spread of religion appear not to have had the effect of diminishing this species of iniquity; therefore be it

"Resolved, 1. That the members of this Society will co-operate with the American Medical Association and other organizations of the kind in using every effort to disseminate a knowledge of the criminal nature of practices which are too often regarded as harmless, and frequently resorted to by many who would shudder at the thought of destroying the life of a human being.

"2. Resolved, That the members of this Society unite in sentiment with the opinion of the best and most learned men of the profession in all parts of the world, that the fetus is a living being from the earliest period of gestation, the wilful destruction of which, except when required for the preservation of the life of the mother, is a crime as monstrous as infanticide, and its perpetrators should be regarded as felons by the laws of man, as they must be by every precept of morality.

"3. Resolved, That every member of this Society who may be known to yield to the solicitation of any party for the purposes above indicated, shall forfeit his membership, and be regarded as unworthy of fellowship by all honorable physicians.

"4. Resolved, That it shall be considered the duty of every physician, when application for such purpose is made, not only to decline promptly, but to exert his personal influence to the utmost to prevent its accomplishment, by explaining its criminal character, and removing as far as possible the erroneous opinions which are so generally prevalent regarding the life of the fetus.

"5. Resolved, That we denounce the common practice of newspaper proprietors in publishing advertisements which are calculated to encourage the practice of criminal abortion, as one prolific cause of a vast amount of crime and immorality, for which such newspaper editors and proprietors are thereby in a great degree responsible.

"6. Resolved, That we likewise denounce the practice of many druggists in keeping for sale and dispensing such preparations as are known to be used for the purpose of producing abortion, which practice is no less reprehensible than to furnish poison when knowingly purchased with murderous intent, and by which all druggists are *participes criminis* in the evil work of corrupting good morals, and assisting in the perpetration of a crime which should be held in abhorrence by every member of a civilized and Christian community."

Which, having been read and commented upon, were unanimously adopted.

A CIRCULAR of the National Sanitary Association's Committee on DISPENSARIES has been issued by the Chairman, F. E. MATHER, Esq., President of the Demilt Dispensary in this city. The document suggests many interesting questions in public economy and hygiene, and from this circular it is manifest that the committee clearly comprehend the nature and importance of those questions. As we have not space for the entire circular, we subjoin some of its medical questions, hoping that they may elicit voluntary replies from those of our readers who give particular attention to the subjects to which they relate.

"Is vaccination performed gratuitously upon all, without respect to their means, who desire it, and call at the Dispensary?

"State the total number vaccinated? How many thereof were vaccinated at the Dispensary?

"What system, if any, is adopted to secure general vaccination? Is it done gratuitously at the domicils? Is it done by districts or at stated periods? State particulars?

"What system, if any, is pursued to secure a supply of vaccine virus? Is more received than is used by the Dispensary? If so, what is done with the surplus? Is it sold, or given away, or both? What amount per annum for the last two years, has been realized from such sales? What is the rule as to persons who should receive it gratis?

"What number of syphilitic cases, including all grades, were examined during the year? How many were women? How many were children?

"Is the syphilitic disease on the increase among the poor?

"Please narrate instances, if any, in which the services of the Dispensary have arrested the progress of contagious or infectious diseases? Also state instances of especial improvements in domiciliary or public hygiene, through the agency of the Dispensary physicians or officers?

"Has there been any systematic effort or plan, on the part of the Dispensary, for the diffusion of advice to the poor, on the subject of health? What is it?

"What would be the hygienic and economic effects, if all such Institutions were to be once and for ever abolished?

"How can the system be improved and better adapted to the wants and well-being of the community?"

The pressure of deferred matter in our columns compels us to postpone the suggestions we had prepared respecting this class of medical charities; but while inviting attention to the Dispensary Committee's Circular, we would solicit communications upon the subjects indicated in the questions here quoted.

THE adulteration of liquors, next to the adulteration of foods, is one of the most heinous offences which man can perpetrate upon his fellows. And yet that branch of criminal business is carried on to such an extent in this city that the veriest toper knows well that he seldom drinks a glass

of liquor that contains a drop of the kind he called for. The following extract from the *Druggists' Circular* is an authoritative statement as to the perfection to which the art of adulterating liquors has reached, and affords an instructive lesson to physicians who have occasion to recommend liquors to their patients. We heartily agree with a correspondent that there is great need of depôts where genuine liquors shall be kept for medicinal purposes:—

"It will surprise many druggists who have resorted to the celebrated Catawba brandy of Cincinnati as a purer, though perhaps somewhat less eligible article than that usually imported or sold with foreign marks upon it, to know that this famous domestic brand is only whiskey modified by distillation from the made-up wines, and made paler or darker by a larger or smaller proportion of caramel. To the many who have satisfied themselves with the idea that they at least were safe from imposition through a careful observation of the custom-house vouchers and buying from none but original packages, it will be interesting to learn that these original packages, and the vouchers accompanying them, are used successively for many replenishings with factitious liquors, no purer nor better than they could make for themselves at one-fourth the cost. Many opinionated judges, who with much confidence pronounce upon the genuineness of the distilled juice of the grape, its 'bouquet,' purity, and good quality generally, will be loath to admit that a large proportion of that actually imported, and therefore confidently spoken of as genuine, is manufactured by processes quite as unlike the old-fashioned mode of distillation as those practised by our own defrauding liquor dealers; and that a perfect imitation of French brandy can be prepared by any one having the requisite delicacy of taste and skill in mixing the ingredients used, and that these ingredients are common articles of commerce, are facts which are beginning to be generally admitted. Though the business of sophistication is regarded by thoughtful persons as one of the most fraudulent and disreputable that could engage attention, it is known to be carried on to an enormous extent, and to have been the basis of large fortunes which have brought to their possessors corresponding social position and influence."

The *Richmond Co. Gazette*, of Oct. 31, in a stirring Editorial on the *Richmond County Medical Society*, thus comments upon its present position, and truthfully points out the duties of physicians to medical societies. We earnestly commend it to the attention of the medical men of Staten Island:—

"THE RICHMOND COUNTY MEDICAL SOCIETY seems little alive to its own interest, or the benefit which it might confer, both on the profession and the community generally, if its stated meetings were well sustained, and a regular attendance of its members secured. That there is this want of interest, is plainly manifest in the efforts which have been made to keep alive its existence by meetings, etc., failing even to procure a quorum. In no other county in the State is this the case. Why, then, should Richmond County be so far behind in this particular? Both as a means of individual improvement, and as an avenue to public favor and confidence, meetings of the Society are of the highest importance. It is a well known fact, that physicians are estimated very much in the community by the interest which they manifest in their profession, and by their efforts to promote the interchange of pleasant and profitable intercourse with each other. In almost every case, where physicians have risen to eminence and distinction, and have attained a strong hold upon the confidence of the public, we find them active members of Medical Societies, energetic in every association connected with the profession, and exerting their powers for its advancement and improvement. Nor is this all: great advantages might be secured to the Island by the hearty and efficient co-operation of the Medical Society with the citizens in their benevolent workings among the poor and destitute."

Progress of Medical Science.

OPHTHALMOLOGY.

By HENRY D. NOYES, M.D.

Contributions to the Knowledge of Defects of Refraction, &c.
By F. C. DONDERS.

(Continued from page 302.)

Section 6—Alludes to the frequent coincidence of hypermetropia and converging strabismus. Normal eyes when wearing concave glasses will often have converging squint in the attempt to see distinctly. The strabismus is described as periodical, because it chiefly presents itself in the attempt to fix the eye steadily. From being periodical it often becomes permanent. Prof. Donders says that in the last eighteen cases of strabismus convergens which he saw, hypermetropia was proven in sixteen. Its degree was from $\frac{1}{8}$ to $\frac{1}{2}$, never in a high degree.

Why presbyopia does not cause asthenopia, may be dismissed in a few words. The presbyopic eye can no longer read at seven inches distance, but at twelve to sixteen it can without exertion, while for sight at greater distances it is as good as ever. It is only the near point of accommodation which has been pushed away from the eye. A proper convex glass corrects this defect, and for greater distances no glass is needed. In hypermetropia the case is very different. The structure of the eye requires a positive glass to bring rays to a focus upon the retina, no matter at what distance the object may be situated. If the power of accommodation be vigorous, the need of a convex glass may for a time be superseded, but when this power fails, symptoms of asthenopia must arise. At great distances hypermetropic persons may not fatigue their eyes in looking, because not required to discern such objects sharply for a long time. If in a case of presbyopia there be no admixture of hypermetropia, there will be no reason why asthenopic symptoms should occur.

Section 9—Treats of the choice of glasses and their effect. The hints here given relate especially to cases of myopia, and are intended to show how the altered conditions of adjusting power should modify the choice of glasses. Prof. Donders says: In a paper formerly published upon this subject (*Archiv. für Ophthal. B. iv, Abth. 1, s. 313*), I laid down the rule that myopic persons should have such glasses as will enable them to discern distinctly, objects at the greatest distance. But it is often observed that when provided with these glasses, they complain of discomfort in looking at objects at eight inches, twelve inches, or even sixteen inches distance. We need not now be surprised at this discrepancy. We have learned above, that myopic persons do not bring into play such a proportion of their adjusting power, as in normal eyes will correspond to a high degree of convergence of the visual axes. That, on the contrary, although the convergence be extreme, their accommodation will be almost inactive. When now they put on the above-mentioned glasses, they are placed in the same situation as normal eyes; that is, for the distance of eight, twelve, or sixteen inches, they must use $\frac{1}{4}$ th, $\frac{1}{2}$ th, $\frac{3}{4}$ th of their power of adjustment. But in converging to these distances, they have never been accustomed to this exertion, and it is found that only youthful and robust eyes, having but a moderate degree of myopia, are equal to this effort. With those less fortunate, glasses which completely neutralize the myopia, speedily cause asthenopic symptoms and must be laid aside. They must begin with weaker glasses for near vision. If there be no real enfeeblement of accommodation, they will subsequently be able to use the neutralising glasses. The range of adjustment will undergo a change of position, and in later years, the near point and far point will be found to coincide almost exactly with those of the normal eye. The spectacles will have become an integral part of the dioptric apparatus. Both conver-

gence of the visual axes, and effort of accommodation, will harmonize with them. It is my practice to endeavor to enable patients to wear glasses that will perfectly neutralise their myopia, and my experience has been, that myopia is not increased but rather restrained. There are cases in which the increase of myopia cannot be prevented: as, in old people with feeble adjusting power, in amblyopia which almost always accompanies the highest degrees of myopia, and whenever myopia is so intense as to require for its neutralisation glasses so strong as to materially diminish the size of the retinal image. In such cases the same glasses will not serve for both near and distant vision. I recall a peculiar case in which, when examining the eye with the ophthalmoscope, I could see the central part of the retina in the upright image by aid of concave lens $-\frac{1}{4}$ th; the lateral parts could be seen with $-\frac{1}{4}$ th. Here the myopia was greater for direct vision than for indirect. If it were completely neutralised for direct vision, indirect vision would become hypermetropic. The weaker glasses would therefore be preferred.

By the constant use of concave glasses, the limits over which the eye can adjust itself, as above stated, undergo change. In this transposition of the field of accommodation, the remote point is brought nearer to the eye. The degree of myopia therefore appears to have increased. In reality this is not true. It will be found that the same glasses will suffice for vision at an infinite distance as were before required.

If concave glasses be chosen which are too powerful, the myopia becomes hypermetropia, and the baneful consequences of the latter condition will follow. If the mischief have not lasted too long, it may be corrected by obtaining the proper number, and the injurious over-exertion of accommodation relieved by artificial mydriasis. Normal eyes can be speedily made myopic by the use of concave glasses; but the myopia will not inhere in the anatomical structure of the eye, but in the abnormal working of its adjusting apparatus. This functional derangement will speedily disappear when the cause shall be removed.

The hypermetropic eye is directly opposed to the myopic eye, in the deviation of its range of accommodation from the normal standard. For the myopic eye neutralising glasses at first require too much, of the hypermetropic they demand too little. In the former case the exertion of adjustment is too great, in the latter the effort required is much less than has become habitual to the eyes. When the hypermetropic person first receives glasses, which having been fitted to the eyes under the influence of artificial mydriasis, are known to neutralise the defect, he finds when the paralysed tensor choroideae recovers its functions, that he cannot see at a distance distinctly; and for near vision a young person prefers much weaker glasses. The reason is evident. These persons have become too much accustomed to use their whole stock of adjusting power at distances of ten or twelve inches, to be able to restrain themselves to employ only $\frac{1}{16}$ th or $\frac{1}{8}$ th, which is all that now is required. They constantly overshoot the mark, and have not learned to shorten their range. For this purpose weaker glasses must at first be furnished them, both for near vision and for distant vision. It cannot be doubted, however, that it is exceedingly desirable, for the hypermetropic eye to become gradually habituated to the use of perfectly neutralising glasses. Only when they shall have reached this point, will they be secure against the danger of asthenopia.

The opinion has been that in asthenopia the use of glasses might at length be abandoned, by gradually diminishing their power. But it will be seen from the above, that my effort is in direct opposition to this endeavor. I seek to enable these patients to use glasses increasing in strength, until they attain those which will permit them to look at distant objects without putting forth any effort.

As a concluding remark, it may be added, that Prof. Donders, in advocating for asthenopic persons the use of proper glasses, does not design to omit the repose from excessive

exertion of sight, nor the invigorating medicine and regimen which have so long been the practice of judicious practitioners in these cases. It is seen, however, that the use of glasses strikes at the root and essence of the disease, and is the only certain safeguard against its recurrence.

Reports of Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Wednesday Evening, Oct. 10.

DR. ISAAC REMINGTON, President.

Subject for discussion—Opium as a Therapeutic Agent.

Dr. G. HAMILTON opened the subject by reading a paper, from which we give the following abstracts.

This remedy has been known since the time of Hippocrates, and with exceptional periods, has maintained the character of the most valuable medicine known. The most generally received opinion at the present time is, that it is stimulant primarily, especially to the brain, and sedative secondarily. It is most probable that the latter is the result of the former, as the depression is in direct correspondence with the amount of previous stimulation. When given in excessive doses its effect is directly narcotic, or the stimulation is too short to be noticed. The cerebrum is that portion of the nervous system more particularly acted on by this remedy. When a moderate dose is taken, in about forty minutes there is experienced a slight fullness of the head, or throbbing of the temples; a glow of the cutaneous surface, terminating generally in perspiration; exaltation of the intellectual, moral, and imaginative sentiments; serenity of mind, or the reverse; visual perceptions of objects of a strange or frightful character; sooner or later, obliviousness, and finally, sleep. In larger doses there may be tension of the head, dizziness, redness and suffusion of the eyes, illusions of sight and hearing, delirium. When increased, we have rigidity and tension of the muscles, or trembling and convulsive movements, insensibility, contraction of the iris, coldness of surface, congestion, so perfect as nearly to simulate the apoplectic state. Other organs, besides the brain, suffer; the digestive apparatus partakes, and while appetite is diminished, thirst is generally increased. This loss of appetite may be attributed to a decrease in nutrition and a consequent depression of the nerve powers. The secretions are generally diminished. Perspiration is nearly always increased, and this is accompanied by an increase in the action of the heart and arteries, as shown by the increased color of the surface of the body. An inverse ratio obtains between the action of the kidneys and the skin. The action of opium is more promptly shown, when morphine is applied to a denuded surface, or when subcutaneously injected. According to some authors, it acts more powerfully when injected into the bowels than when taken into the stomach, which they explain by the fact that it is less exposed to alteration by the juices, etc. Our own belief is that its power is diminished when thus employed. Various circumstances modify the action of opium. The young are more susceptible. After children, females are more readily affected by it, and many of them cannot support its operation, even in minute doses. This intolerance will, however, often give way, by combining correctives with it, and persevering in its use. Excessive pain, and certain affections of the nerves, modify to an extraordinary degree, or even wholly resist the action of opium, as in tetanus. Concerning the particular mode of its operation, but little is known; while it acts with a diminished effect, by direct contact with the nerves, its power is increased by absorption into the blood, as seen in children, who are narcotized by sucking from the mother while under its influence. It is particularly incumbent on the physician to attend closely to the various contraindications for its employment, and especially in the cases of

children. As a rule, opium is not to be given in fever, or inflammation with great arterial excitement and strong determination to the brain, nor when there is great venous congestion, nor when there exists an apoplectic tendency. In cough, with much bronchial secretion and debility, etc., its use should be avoided. Much depends upon the judgment of the practitioner. It is especially useful in affections called nervous, allaying agitation, removing *malaise*, subduing pain, and procuring sleep. In pain of all kinds, it is admirable, and without a rival.

Of special diseases, in which this agent is particularly useful, mention might be made of *neuralgia*—especially here is opium to be employed by injection into the cellular tissue over the seat of the pain; *delirium tremens*, the chief difference being as to the dose and frequency of repetition. Some give it till sleep is obtained, while others hesitate, after the use of large doses, and still others are content with small doses carefully watched. Where enormous doses have been tolerated, it is doubtful whether the recovery was the result of the treatment, or in spite of it from a powerful constitution. At all events, it is hazardous practice. A moderate employment of opium with other agents as the case may demand, will probably be more satisfactory. Sleep has often followed its sudden suspension in such cases. In spasmodic affections, external or internal, depending upon excessive pain, opium affords the quickest and surest relief. But, where the cause is not evident, care is requisite to determine if it be of peripheric or centric origin, as in the former only can benefit be expected. Thus convulsions in children, when from teething, the intestines, or indigestion, after a proper evacuation of the stomach and bowels, an injection of laudanum and starch has often proved of greater service than bleeding, or the various topical applications. In the *modus operandi* of opium here, may be seen an exemplification of its powerful sedative powers. Nor is it confined to any one of the three great nervous divisions of the nervous system, for in these affections, sometimes the brain, sometimes the spinal marrow, and at others, the nerves and centres of organic life are most implicated. Now, whilst it would be difficult to define the precise extent to which any one of these systems might be involved, as compared with another, and still more difficult, or impossible to appreciate the correlative movements of these different systems, in a given case of disease, it may perhaps be doubted, whether in pathological states, we are not too much in the habit of attaching too much importance to the brain, and too little to the centres and nerves of organic life. The affections to which reference has been made, are chiefly of eccentric origin, and it is with this peripheral system, that the sympathetic nerves and ganglia have their closest connexion; and the inference is rational, that the sedative power of opium is expected quite as much in allaying morbid irritability of this system, as in merely blunting the perception of this morbid condition of the brain. In idiopathic fevers, this remedy has been much employed in fulfilling various indications, and under different and even opposite states. Thus, it prevents the chill of intermittent, by allaying or rather forestalling peripheral irritation. In typhus and typhoid it is of service in peculiar states. Thus, in the third or fourth weeks, the patient is left much debilitated, with a tendency to still further depression; the skin is dry, the brain confused, sleep is absent, food is loathed, and opium comes in with its best influences. Sleep is produced, and a vast improvement is at once observed. The beneficial effects of the medicine are perhaps derived from both its stimulant and sedative qualities. Small-pox also requires its aid. When the pustules approach maturation, the irritation is greatly increased, and the patient is, at the same time, troubled with a tenacious phlegm, then opium exerts a most salutary effect, producing quietude and sleep. Rheumatism, even with acute fever, or in a robust patient, after venesection, is more amenable to opium than to most other remedies. In puerperal peritonitis it displays admirable powers, curative as well as anodyne. The inflammation assumes a peculiar type, the patient is de-

bilitated comparatively, there is a tendency to gangrene, or a near approach to this condition may supervene, and too much care cannot be observed lest further prostration be produced, *opium becomes the sheet anchor*, as Dover's powder given freely and early in the attack, to prevent further development. The action of the opium, may in a few cases where the patient is very plethoric, be assisted by the lancet, but as a rule, this should be avoided. In dysentery too, this article surpasses all other remedies. In the extensive experience of Dr. H., no necessity has ever existed for a distinction in the use of opium between mild or severe attacks. After removing the fecal contents of the bowels, the force of febrile action and the excessive pain and irritation should be abated. Bleeding either generally or locally, may often beneficially precede opium, yet, as a general rule, it needs not repetition. In certain cases, its guarded use must be kept up, especially in the marked epidemic form of the disease. The solution of this disease is generally by perspiration, and the return of the various functions to their normal state, apparently the sequence of subdued pain and nervous irritation, and these are often removed more quickly and effectually by repeated injections of starch and laudanum than by the use of the article by the stomach. In simple diarrhoea it is the readiest and surest remedy. The same may be said of cholera morbus and Asiatic cholera, except in the congested form of the latter. In the different inflammatory affections of the respiratory apparatus, opium is exceedingly useful. Some writers consider it especially applicable to such affection of the mucous membrane of the air passages and of the parenchymatous structure of the lungs, but this restriction can hardly be thought well founded, as the serous membranes of the chest when inflamed, are, in common with the adjacent tissues, amenable to the same action exercised by opium upon inflamed tissues in general. Perhaps the apparent difference may arise from difference of function in the parts. The quieting of cough, so much more common when the mucous surfaces are affected, and the production of expectoration when opium is combined with antimony or ipecacuanha, may perhaps be more properly regarded as adventitious benefits in the action of the remedy. It seems to equalize or harmonize the distribution of nerve power, removing irritation, and restoring the lost balance of the circulation. Few diseases are more benefited by opium than those peculiar to females. In threatened abortion, it is most effectual. In hemorrhage, it is most reliable; narcotism, however, is to be carefully avoided. In unavoidable abortion, it relieves pain and facilitates the expulsion of the ovum. In labor, too, its value is marked, as where pain is misplaced, and complicates the parturient process. The employment of opium has been objected to as dangerous for ordinary use, but this may with equal reason apply to the majority of articles in the *Materia Medica*, and it is doubtful if any one can offer a tithe of the advantages possessed by this drug. Its action is frank and undisguised, and the moment it seems to exceed our desires, it may be suspended, and the unpleasant symptoms generally disappear. One of the most singular effects of opium is its apparent contrariety of action, as may be seen, when it is given in anæmia unattended with fever. Here it often removes a disposition to sleep, acting as a stimulus to the brain, by inducing a greater degree of arterial action. In the same anæmic state, with irritation and fever, it will often produce sleep, acting here, by allaying nervous irritation from its sedative power, and inducing sleep by its anodyne and soporific qualities. Instances of this sort are seen in the latter stages of typhoid and typhus fever, typhoid pneumonia, and many other analogous conditions, and strangely enough in the reactionary fever noticed after excessive hemorrhage, as in some cases of abortion. In moderate doses, it invigorates the action of the heart in anæmia without fever, probably by direct action, and likewise in cases where the heart's action is nearly suppressed, as in excruciating pain from any cause. In conclusion, he would say that want of time prevented the presentation of a paper

more in accordance with the importance of the subject under discussion.

NEW YORK ACADEMY OF MEDICINE.

DR. JOHN WATSON, PRESIDENT.

At a meeting of the Academy of Medicine held Sept. 19, the section on *Materia Medica* brought to the notice of the Academy the following paper upon the alkaloid of the *Erythroxyton Coca*, in the *London Chemical News* for July 28, 1860.

A NEW ALKALOID IN COCA.

Coca (pronounced ko-káh) is the name under which the leaves of several species of *Erythroxyton* are and have been known in Peru from time immemorial, and which, especially among the Indians, are used for chewing, mixed with a little unslaked lime or wood ashes. Numerous and somewhat fabulous accounts are given of their physiological action, as for instance in *Tschudi's Travels in Peru*. A moderate use is said to produce excitement of the functions, to enable the chewer to remain some time without food, and to bear the greatest bodily exertions; while an immoderate chewing of coca, like that of opium, frequently becomes an habitual vice producing all the deleterious symptoms and consequences of narcotics, such as a state half of intoxication, half of drowsiness, with visionary dreams, premature decay, complete apathy, and idiocy. These peculiar symptoms rendered the presence of a narcotic principle very probable, and have induced Prof. Wöhler and Dr. Niemann, of Goettingen, to undertake the investigation of the substance. The material was furnished by Dr. Scherzer, the naturalist of the exploring expedition in the Austrian frigate *Novara*. The examination has so far succeeded, by the usual method for the separation of alkaloids, in eliminating a crystallizable base, *cocaine*, crystallizing in small prisms, devoid of color or odor, slightly soluble in water, more readily in alcohol, and very easily in ether. It possesses a strongly marked alkaline reaction, and a bitter taste, and acts in so far peculiarly, as it transiently benumbs, or almost paralyzes the part of the tongue which it touches. It bears some resemblance to atropine in its chemical relations, and forms perfect salts with the acids. It is, however, without action on the eye, and its compound with the chloride of gold is remarkable for forming benzoic acid in large proportion upon being heated. Further experiments will throw light on its physiological properties.

This article is taken from *Archiv de Pharm.* Bd. cii. s. 29, and in it Niemann, the assistant of Wöhler, claims to have been the first to discover and describe the alkaloid of the *Erythroxyton Coca*. The section referred the Academy to a paper read upon this plant and its uses, by Dr. S. R. Percy, at a meeting of the Academy, Nov. 4, 1857, and also to a description and exhibition of a quantity of the alkaloid, presented at the meeting, Dec. 2, 1857. The alkaloid exhibited by Dr. S. R. Percy at that time, was in fine colorless crystals, and a description was given of its properties, and it was named by Dr. Percy, *Erythroxyline*. The original paper as read by Dr. Percy was produced from the Library, and from it the following extract was made:—"December 2d, 1857. Exhibited to the Academy of Medicine 31 of the alkaloid of the above plant (*Erythroxyton coca*) in fine colorless crystals, for which I propose the name *Erythroxyline*. Cocaine might be more correct, but may be confounded with other substances." The above statement is made only to prove that while other nations have been industrious we have not been idle.

DR. BLAKE, of Sacramento, Cal., speaking of the advantages of the climate of California to consumptives, attributes much to the out-door life which it enables this class to lead, without exposure, and mentions the fact that Indian children domesticated, die in large numbers of phthisis.

Correspondence.

UNIVERSITY OF MICHIGAN.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—My attention has just been called to your excellent Journal of the 13th instant, in which is given an account, among those of other institutions, of the *College of Medicine and Surgery of the University of Michigan*.

As some errors have crept into that account, of course inadvertently, a correction seems required. Without repeating the statement which was made, leaving out as it did, a Professor, an Assistant Professor, and the Demonstrator of Anatomy, besides presenting the duties of most of the faculty quite different from what they are at present (though the latter is entirely excusable, as changes have recently occurred), I will give a correct list of the members of the faculty and their respective positions as at present arranged.

Z. PITCHER, M.D., Emeritus Professor of Obstetrics and Institutes of Medicine.

A. SAGER, M.D., Obstetrics and Diseases of Women and Children.

S. H. DOUGLASS, M.D., Chemistry, Pharmacy, and Toxicology.

M. GUNN, M.D., Surgery.

A. B. PALMER, M.D., Pathology, Practice of Medicine and *Materia Medica*.

C. L. FORD, M.D., Anatomy and Physiology.

A. DuBois, A.M., Assistant Professor of Chemistry and Pharmacy.

WM. LEWIS, M.D., Demonstrator of Anatomy.

In addition to the four lectures a day, there are two Surgical and two Medical Clinics each week. In consequence of the recent death of the former able occupant of the Chair of Pathology and Practice, which event has been announced in the journals, the former Professor of *Materia Medica*, Therapeutics, and Diseases of Women and Children, was transferred to the vacancy, and to meet the exigency, continues for the present term to give instruction also in *Materia Medica* and Therapeutics.

To accommodate this state of things, other changes were also made in the arrangement of duties of other Professors. Allow me to add that the lectures are now in progress with an enthusiastic class of about two hundred and twenty in number, gathered from a considerable proportion of the States of the Union.

Very truly yours, &c.,

A. B. PALMER, M.D.,
Dean of Faculty.

ANN ARBOR, October 25, 1860.

EXORBITANT CHARGES OF APOTHECARIES.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I am constrained to call the attention of my brethren of the profession to the, in very many instances, exorbitant charges of druggists for compounding our prescriptions, and to some of the consequences thereof prejudicial to our interests. These charges many times have no relation to the actual value or cost of the ingredients and labor of making them up; and this fact is often as manifest to our patients as to ourselves. The plea that they are necessary, on account of the large number of stores in competition, to enable them to live and sustain a popular and attractive style, has no importance in the premises—especially in the opinion of those customers whose means are limited and family expenses heavy. And I believe the idea is more or less prevalent among the people, that some of us connive at these high prices, and share the profits with the apothecary.

How far this imputation is merited I do not know; but if it applies to *any*, they certainly should be exposed and shunned.

None of us can doubt, upon a little reflection, that one of the tendencies of this grievance is to drive many families to the employment of homœopathic practitioners, who, it is known, do not occasion their patients the additional expense of prescriptions—not even when they hypocritically slip in the old school medicines and doses. Another consequence is, doubtless, the inducement to treat themselves as long as possible before calling in medical aid, and also to resort to patent medicines, etc.

I trust the profession will not continue to be indifferent to this matter, for we cannot deny that we owe an obligation to our patients in regard to it. If no other alternative be afforded us, I conceive we must, in some measure, initiate our competitors, and carry what medicines we well can in our pockets. I find, indeed, that this is already the custom with two or three of our oldest practitioners.

PHYSICIAN.

BROOKLYN, Oct. 23, 1860.

PAY OF SURGEONS IN THE NAVY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In the number of the *Medical Times* for Oct. 20, you have fallen into an error as to the pay of the medical corps of the navy.

During the last session of Congress a law was passed regulating and increasing the pay of the officers of the navy, by that law the pay of medical officers is as follows:

Every surgeon on duty at sea, for the first five years after date of commission, \$2,200; for second five years, \$2,400; for third five years, \$2,600; for the fourth five years, \$2,800; for twenty years and upwards, \$3,000.

Fleet surgeons, \$2,300.

Every surgeon on other duty, for the first five years after date of commission, \$2,000; for the second five years after date of commission, \$2,200; for the third five years, \$2,400; for the fourth five years, \$2,600; for twenty years and upwards, \$2,800.

Every surgeon on leave or waiting orders, for the first five years after date of commission, \$1,600; for the second five years after date of commission, \$1,800; for the third five years, \$1,900; for the fourth, \$2,100; for twenty years and upwards, \$2,300.

Every passed assistant surgeon on duty at sea, \$1,500; when on other duty, \$1,400; when on leave or waiting orders, \$1,100. Every assistant surgeon on duty at sea, \$1,250; when on other duty, \$1,050; when on board or waiting orders, \$800.

Excuse the liberty I take in making this correction, and believe me to be, with great respect,

Your obedient servant,

JOHN THORNTON, M.D., Surgeon, U. S. N.

MORRISTOWN, N. J. Oct. 22.

DOMESTIC CORRESPONDENCE.

VERMONT.

October 20.

THE annual meeting of our State Medical Society has just closed. The session was held at Montpelier, beginning on Tuesday the 16th of October. The President, Dr. E. A. Knight, of Springfield, was in the chair; and Dr. McCollom, of Woodstock, was appointed Secretary. Through the Committee on Subjects for Discussion the following important subjects were submitted for consideration: 1. *Puerperal Convulsions*; 2. *Diphtheria*; 3. *Relation of Diseases of the Sexual Organs in Females to Insanity*; 4. *The external use of Anæsthetic Agents in Spasmodic and other Painful Affections*. These subjects elicited most interesting and profitable discussions, in which the members from different sections of

the State had an opportunity of comparing their views. Among those who participated in these discussions were PROF. PERKINS, PROF. SANBORN, DR. KNIGHT, ALLEN, SMITH, ROSS, BULLARD, GREEN, FIELD, and McNAB. The consideration of practical subjects forms the most interesting feature of our annual meetings, and amply repays those who attend them. In addition to these discussions, interesting verbal communications were made by several members. PROF. SANBORN, one of the most talented surgeons of New England, exhibited a patient upon whom he had successfully operated for ununited fracture, by the silver wire, and explained the method. DR. CHANDLER, of St. Albans, read an essay upon medical ethics, which was well received, and a copy solicited for the archives of the society. DR. CLARK laid before the society the spleen of a boy fifteen years old, which weighed seven and a half pounds. PROF. SANBORN offered the following resolution, which was adopted:—

Resolved, That the delegates of the Medical Colleges be instructed by the State Society to be present at the examination of the candidates for the Medical Degree, and examine specifically as to the fulfillment in each case of the requirements of the American Medical Association, and report annually to the Society.

This resolution by one of the leading men in our schools, acknowledges that the influence of the National Medical Association is annually more and more felt. You cannot too strongly urge the Association to take decided grounds on the question of a high standard of medical education, and I hope to live to see the day that its voice will be all-powerful in this matter. The annual address of the President, Dr. E. A. KNIGHT, was received, as it richly deserved, with general favor. The following members were elected to membership: Dr. C. M. BRIGHAM, Pittsfield; Dr. S. BELKNAP, Barnard; Dr. J. MORGAN, Swanton; Dr. B. W. CARPENTER, Burlington. The next semi-annual meeting will be held at Rutland. The following officers for the next year were elected: *President*, Dr. B. F. MORGAN, of Bennington Centre; *Vice President*, Dr. W. PUTNAM, of Greensboro'; *Recording Secretary*, Dr. W. McCOLLUM, of Woodstock; *Corresponding Secretary*, Dr. C. B. CHANDLER, of Montpelier; *Librarian and Treasurer*, Dr. C. CLARK, of Montpelier. The following gentlemen were appointed delegates to the National Medical Association: PROF. J. PERKINS, Castleton; Dr. B. F. MORGAN, Bennington; PROFS. C. L. ALLEN, Castleton; E. K. SANBORN, Rutland; Dr. J. N. STILES, Windsor; Dr. E. A. KNIGHTS, Springfield; Dr. W. M. HUNTINGTON, Rochester; PROF. P. D. BRADFORD, Northfield; Dr. W. L. WILLIAMS, Hartford; Dr. C. M. CHANDLER, Montpelier; Dr. C. M. RUBLEE, Montpelier.

During the session, Dr. CLARK brought forward the subscription for erecting a monument to Hunter, and a committee of one from each county was appointed to assist him in obtaining subscriptions. This was one of the most interesting sessions of our society which I have attended for many years. Let me add, finally, that although I have myself but recently become a subscriber to the *MEDICAL TIMES*, yet on reviewing its back numbers, and marking its liberal tone, the vast stores of practical matter which fill its ample pages, and its moderate subscription price, I earnestly hope that it may have a wide circulation in the profession of this state. VT.

FOREIGN CORRESPONDENCE.

Letter from DAVID P. SMITH, M.D.

EDINBURGH.

Oct. 1, 1860.

PROF. SYME explained and described the symptoms which led him to employ the actual cautery in joint diseases. They were—1st, Severe pain, stretching from the affected joint to the one below. 2d, Loss of motion. 3d, A prickly sensation, as if the limb was asleep. In his opinion these symptoms indicated commencing ulceration of the cartilages, and were combated by nothing so effectually as by the thorough application of the hot iron. He mentioned using a heated poker for a case seen out in the country

when there was no cautery iron to be had. The hospital patient expressed himself as entirely relieved from pain by the first application of it. In case of the shoulder it should be applied before and behind the joint; in case of the elbow, over each condyle, etc. He also took occasion to remark that he thought that the great facility of tying the femoral artery for aneurism had led surgeons to too hastily adopt the same treatment in case of other arteries. He considered that axillary aneurism should always be treated by evacuating the sac and tying both ends of the artery.

Oct. 2. Mr. Syme showed a patient on whom he had operated for radical cure of hernia by invaginating a portion of the scrotum in the manner now so universally practised. He remarked that, without wishing to detract from the ingenuity of various individuals, all the apparatus used for the purpose was unnecessarily complicated: a piece of candle with a little piece of twine through one end would answer all purposes. He did not think there was any danger that the seton-like thread would excite so much irritation as to make it proper to use metal instead. A fibrous tumor of the breast was removed, and a boy's thigh amputated for disease of the knee-joint. It was remarked, in speaking of the removal of wens in the scalp, in the negro race, that they adhered to the surrounding parts with far greater tenacity than ordinary, and that this peculiarity of greater density pertained to all the tissues of the negro—Mr. Syme claiming that he could tell from the observation of this fact whether any piece of tissue did or did not belong to the negro.

Oct. 3. Mr. Spence to-day excised a carious elbow-joint. It is a far easier proceeding than would naturally be expected. After making the usual H incisions, the ulnar nerve was easily enough held out of the way, and then the clipping off of the olecranon allowed the bones to be easily got at and sawn off. After their removal I found the ends of the humerus and ulna exhibiting a most beautiful specimen of caries. For just such disease, and for crushing of the joint, this operation must be invaluable.

Oct. 4. I, to-day, went through the wards with Prof. Bennett, and saw many interesting medical cases. Partial and complete paralysis of the extremities seems to be a very common disease here, arising no doubt from the insufficient nourishment of the lower classes. In the hospitals of these crowded capitals of the old world one sees very clearly that penury and want are the great producers of disease. What a vast and noble work it would be, to endeavor to ameliorate the sufferings of the poor. Physicians see daily their hardships, and it is and must be their duty to arouse the upper classes to a knowledge of their condition, and lead to measures for their relief. The rest, comfort, and good diet found in a hospital are powerful agents for the cure of almost all diseases. Dr. Bennett seems fully aware of this, and pays great attention to the diet afforded his patients.

Oct. 13. A very severe case of erysipelas of the head and face has just recovered completely with the use of nourishing food and stimulants. While Dr. Bennett was showing this case and remarking that under this treatment—beef tea and wine—all got well, except in the case of drunkards, a gentleman from Calcutta said he had there seen ten cases of idiopathic erysipelas which were treated antiphlogistically. Of these nine died. They became delirious soon after the commencement of the disease, were bled largely, and soon died. Dr. Bennett did not think the occurrence of delirium was any warrant for bleeding. He had not observed any particular benefit to arise from the use of the tr. ferri sesquichloridi. A severe case of double pneumonia has done very well during the last week under supporting treatment—wine, beef-tea, beef-steak. At the end of the seventh day from the occurrence of the rigor copious lithates appeared in the urine, and great improvement immediately followed. A case of acute articular rheumatism was treated by drachm doses of bicarb-potass, thrice daily in a good deal of water. The disease came to a stand on the seventh day. A case of paralysis of the upper

extremity, of six years' standing in one, and four years' standing in the other arm, has been under the treatment of a gentleman who professes to cure paralysis, when not dependent on manifest structural lesion, by systematic exercise of the muscles of the affected limbs. There has as yet been no improvement. A case of hæmoptysis served as a text upon which Prof. Bennett made remarks showing that he had no confidence in the administration of gallic or tannic acid as styptics, except in hemorrhage from the gastrointestinal mucous membrane. If gallic acid is beneficial in hæmoptysis, he asked why should it not be in apoplexy, and, consequently, what reason is there for using it in the one disease and not in the other? In the case under consideration he relied upon perfect rest, nourishing diet, cupping, and the application of nitrate of silver to the larynx to quiet a teasing cough.

Medical News.

ERRATA.—In Dr. Agnew's article, in the last number, on page 308, 11th and 15th lines from bottom, for conical, read *corneal*; make the same correction, page 309, 3d line from the top; page 308, 6th line from bottom, for upper, read *lower*; page 309, 1st line from top, for form, read *fossa*.

CÆSAREAN SECTION.—On Saturday, Nov. 3, this operation was performed for contracted pelvis, at Bellevue Hospital, by Dr. B. F. BARKER. The mother continued to do well until the fifth day, when vomiting occurred, and death soon after followed. The child weighed nine pounds.

It is stated that, at the Veterinary School, at Alfort, operative surgery is taught upon the body of the living horse.

SURGEONS FOR RAILROADS.—Many of the Continental Railways are divided into medical sections, to each of which is appointed a qualified surgeon, whose duty it is to treat all who meet with accidents, and to attend the employees upon the road. He receives a regular salary.

THE APOTHECARIES of Boston have determined to close their stores on Sundays from 1 to 6 P.M.

THE Committee on Health, of the Common Council of Jersey City, are about to erect a new hospital, at the foot Washington street, adjoining the Almshouse. The cost attending the construction of the hospital will not exceed \$1,300, to be paid out of the city treasury.

A PHILADELPHIA DOCTOR has been detected sending counterfeit bills to druggists with his prescriptions, the patient being an accomplice.

IN Dickens's "Tale of Two Cities," the hero, Charles Darnay, is stupefied with ether or chloroform, in 1793, more than fifty years before they had been made known.

SAN FRANCISCO.—The number of physicians in this city, according to the recently published Directory, is 189; increase in one year, 20; number left business in the last twelve months, 55; number still in business, 114.

MILK TRADE IN NEW YORK.—This city receives by railroad, independently of the supply from swill-fed manufacture, 180,000 quarts of milk daily; this is paid for at the rate of seven cents per quart, making the yearly aggregate of about \$5,000,000. The Harlem Railroad is said to derive an annual revenue from this source of \$250,000.

DIGITALIS IN DELIRIUM TREMENS.—Mr. Jones of Jersey (Eng.) reports great success in the treatment of delirium tremens by large doses of the tincture of digitalis. He gives from half ounce to ounce doses, and repeats them frequently; the effect being to quiet the nervous excitement and lower the pulse.

BIOGRAPHY OF DR. DRAKE.—Prof. W. H. N. Magruder, of Baton Rouge, La., is said to be engaged on a biography of the late Dr. Drake. He solicits information from those

who have letters or papers which may be of value in such an undertaking.

A REVIEWER in the *Boston Med. and Surg. Journal* says: "We repeat, knowingly, and in spite of all that has been said, the first authenticated case of death from sulphuric ether has yet to be made known." The writer of this paragraph, who claims to speak "knowingly," cannot do the profession a greater service than by publishing the facts upon which he rests his assertion.

MEASLES NOT A NECESSARY DISEASE.—Dr. Lankester, one of the English Medical Officers of Health, believes that measles is one of the preventible diseases. He says:—"It is undoubtedly preventible by the same precautions as the other forms of contagious disease, but so ineradicably fixed in the minds of all parents is the notion that children must have the measles, and that it is a mild and harmless disease, that nothing which can be said or done for its prevention will carry any weight with them."

STATISTICS OF IMBECILITY.—It is estimated that in England and Wales there are 12,000 persons of all ages belonging to the class of imbeciles; of these, 2,500 are regarded as suitable subjects for school training, but provision exists for only 600. In Scotland there are about 3,000 imbeciles, 600 of whom are capable of improvement; provision exists for only 36. In Ireland, there were, in 1867, 4906 imbeciles, with no educational provision.

The British Association for the Promotion of Social Science, recently met at Glasgow, Lord Brougham presiding. In his inaugural the President called attention to the Sanitary Department, which by its inquiries had caused legislation upon quarantine, the passage of a bill for repressing the adulteration of food, improvements in the public records of sickness and mortality, the appointment of an Indian Army Sanitary Commission, and concluded by urging upon its attention the recent fatal railway accidents. "It is remarkable," he adds, "that the evil is confined to Great Britain. In France, the greater discipline and more careful administration, even more than the less speed, and the want of excursion trains, is probably the reason that grave accidents there are all but unknown." A large number of interesting papers on Sanitary matters were read by the leading Sanitarians of England.

TO CORRESPONDENTS.

Criminal Abortion.—This is a subject of such vast importance that it very properly is occupying very much of the attention of the members of our profession—yet not half as much as it deserves, and in many parts of our country it receives apparently no notice whatever. It is not sufficient to condemn this crime among ourselves, and make no effort to reach those who are its frequent subjects. I think the public mind can be enlightened on this subject, and the evil very greatly abated if every medical society in the country would take a stand, and resolve to work in a practical way against it.

E. J. F.

Monument to Jenner.—"In your 'Address to Medical Students' in the No. for Oct. 13, it is thus written, 'No monument to the immortal Jenner casts his shadow with that of the hero of battles in Trafalgar Square,' &c., &c. Now, Sir, I can bear my testimony to the fact that such a monument does exist, and is, at this moment, casting its shadow (i. e. when the sun shines) at the base of the Nelson column. The lesser statue is, however, overshadowed by the greater. Jenner, being represented in a sitting posture, on a plinth of small elevation, while Nelson, from his lofty column, looks down, with contempt, upon 'all below.' Whether the humble should not rather have been exalted, and the warrior have occupied the lower place, it becomes not me to decide. I rejoice that England is, at last, waking up to a sense of her duty to the memory of those illustrious men who have adorned our profession, as is testified by the statues of Babington and Cooper in St. Paul's Cathedral, and that of John Hunter, about to be erected in Westminster Abbey, in *eternum memoriam*."

BRIDGEPORT, Oct. 27.

J. G. A.

R.—We cannot publish the names referred to, however authentic the record may be.

F.A.M.—You had better study Brodie's work on the Diseases of the Joints.

COMMUNICATIONS have been received from:—

Dr. H. D. BULKLEY, N. Y.; Dr. O. C. GIBBS, N. Y.; Dr. J. G. ADAMS, Ct.; Dr. E. J. FOUNTAIN, Iowa; Dr. J. E. TAYLOR, N. Y.; Prof. JOSEPH HENRY, Washington; S. M. BAIRD, Esq., New Mexico; Dr. D. P. SMITH, Edinburgh; Dr. C. W. BOYCE, N. Y.; Dr. N. W. BUEL, N. Y.; Dr. C. HIXSON, Ill.; Dr. A. H. GARNETT, Va.; Dr. C. D. BUDD, N. Y.; Dr. D. LITTLE, N. Y.; Dr. P. COMBES, Mich.; Dr. D. HOLMES, Pa.; Dr. C. GREEN, N. Y.; Prof. G. C. BLACKMAN, O.; Dr. J. BOLTON, Va.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 27th day of October to the 3d day of November, 1860.

Deaths.—Men, 102; women, 83; boys, 101; girls, 110—total, 396. Adults, 155; children, 241; males, 203; females, 193; colored, 6. Infants under two years of age, 139. Among the causes of death we notice:—cholera-infantum, 5; infantile convulsions, 27; croup, 11; diphtheria, 10; diarrhoea, 6; dysentery, 1; scarlet fever, 23; typhus and typhoid fevers, 10; pertussis, 2; consumption, 57; small-pox, 8; dropsy of head, 13; infantile-morasmus, 25; inflammation of the brain, 11; of bowels, 8; of lungs, 15.

Oct. and Nov.	Barometer.		Out-door Temperature.			Difference of dry and wet bulb. Therm.		General direction of Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	In.	In.	°	°	°	°	°		0 to 10	In.
29th.	30.23	.10	53	49	60	6	10	E.	10	
29th.	30.18	.10	60	56	65	4	6	S.E.	10	
30th.	30.14	.05	61	56	67	2.5	3	S.E.	10	.15
31st.	30.12	.08	67	62	73	5	8	S.E.	9.9	
1st.	30.14	.04	65	62	71	6	10	S.E.	4	
2d.	30.18	.06	68	64	73	5	10	S.E.	7	
3d.	29.70	.64	61	57	65	2.5	4	S.E.	8	3.9

REMARKS.—29th and 29th, wind fresh, A.M., light, P.M.; 30th and 31st, light winds, with fog on the morning of the 31st. Nov. 1st, fog A.M. fine P.M., with light winds; 2d, wind light, A.M., fresh, P.M.; 3d, wind fresh, A.M., tempest, P.M.

MEDICAL DIARY OF THE WEEK.

Monday, Nov. 12.	{ NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Macready, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Tuesday, Nov. 13.	{ NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. BELLEVUE HOSPITAL, Dr. Clark, half-past 1 P.M.
Wednesday, Nov. 14.	{ EYE INFIRMARY, Operations, 12 M. NEW YORK HOSPITAL, Dr. Smith, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Gouley, half-past 1 P.M. N. Y. PATHOLOGICAL SOCIETY, half-past 1 P.M.
Thursday, Nov. 15.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M.
Friday, Nov. 16.	{ NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Clark, 1½ P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Saturday, Nov. 17.	{ BELLEVUE HOSP., Drs. Parker and Wood, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Smith, half-past 1 P.M. EMIGRANTS' HOSP., WARD'S ISLAND, Dr. Carnochan, 8 P.M. EYE INFIRMARY, Diseases of Ear, 12 M.

SPECIAL NOTICES.

BELLEVUE HOSPITAL.—On Saturday (this day), Nov. 10, DR. JAMES R. WOOD will resect a knee-joint. This operation was deferred last week.

NEW YORK OPHTHALMIC SCHOOL.—Ninth Session. DR. STEPHENSON will deliver the Introductory to a course of Lectures on Ophthalmic Medicine and Operative Surgery, on Saturday (this day), Nov. 10, 1860, at the N. Y. Ophthalmic Hospital, No. 63 Third Avenue, near 11th street. Subject—"The Scientific Surgeon versus the mere Operator." Students of medicine and the profession are respectfully invited to attend.

NEW YORK COUNTY MEDICAL SOCIETY.—The Anniversary Meeting of the New York County Medical Society, will be held at the College of Physicians and Surgeons, on Monday Evening, November 12th, at 6 o'clock. By order

O. WHITE, M.D., President.

H. S. DOWNS, M.D., Secretary.

Long Island College Hospital,

BROOKLYN, N. Y.

The Course preliminary to the Session of 1861 will begin on the 18th of February, and the *Regular Lectures* on the 18th of March, to continue till the middle of July.

REGENTS.

HON. SAMUEL BLOAN, Pres. | T. H. RODMAN, Esq., Sec.

COUNCIL.

T. L. MASON, M.D. | C. L. MITCHELL, M.D.
W. H. DUDLEY, M.D. | J. H. HENRY, M.D.

PROFESSORS.

AUSTIN FLINT, M.D., Practical Medicine and Pathology.
FRANK H. HAMILTON, M.D., Principles and Practice of Surgery
JAMES D. TRASK, M.D., Obstetrics and Diseases of Women and Children
R. OGDEN BOREMUS, M.D., Chemistry and Toxicology.
JOSEPH C. HUTCHISON, M.D., Operative Surgery and Surgical Anatomy.
JOHN C. DALTON, M.D., Physiology and Microscopic Anatomy.
DEWITT C. ENOS, M.D., General and Descriptive Anatomy.
EDWIN N. CHAPMAN, M.D., Therapeutics and Materia Medica.
GEORGE K. SMITH, M.D., Demonstrator of Anatomy.

Every facility afforded for Dissection throughout the year.
Clinical Lectures daily, except Sunday, on Medicine, Surgery, and Obstetrics, for which ample material is furnished in the Lying-In Wards and General Hospital under the same roof.

Professor FLINT will give careful instruction in *Auscultation and Percussion*, and the art of *Diagnosis* in general.

Professor HAMILTON, in his Regular Course, will dwell especially on *Dislocations and Fractures*, and in his Preliminary Course will give a series of *Lectures on Military Surgery*.

As far as practicable, instruction in every department will be by Demonstration.

Fees.—Full Course, \$100 00; Matriculation, \$5 00; Demonstrator's, \$5 00; Graduation, \$25 00.

The Wood Prizes.—Bellevue Hospital.

The Prizes offered by Dr. JAMES R. WOOD to the Matriculated Students for the Terms 1859-60, and 1860-61, in the College of Physicians and Surgeons, Twenty-third Street; University College, Fourteenth Street; New York Medical College, Thirteenth Street, and the Long Island College Hospital, Brooklyn, N. Y., for the best Anatomical or Surgical Preparation, to be placed in the Museum of Bellevue Hospital, will be awarded by the Professors of Surgery, Anatomy, and Physiology, in the above Colleges, on MONDAY, March 4th, 1861.

JOHN E. WHITE, Warden of Bellevue Hospital.

NEW YORK, March, 5, 1860.

Dr. Shweig's Sanitary Home (Maison

DE SANTE), 158 Second Avenue, New York.

This Institution is designed upon the plan of the French MAISON DE SANTE, for the accommodation of patients of both sexes, especially for strangers who wish to enjoy the comforts of a home, combined with careful medical attendance and nursing.

It is situated in one of the finest and healthiest parts of the city; is very commodious; rooms large and well ventilated; and is easily accessible from any quarter of the city.

Patients can be treated by their own physician if they desire.

Contagious diseases not admitted.

The diet will be strictly regulated according to the condition of the patient. An elegant drawing room, with a first-class piano, a library, &c., &c., are open to the patients.

All medicines are carefully prepared at the institution by a thoroughly educated chemist.

The weekly terms are as follows, and invariably in advance:

Private Rooms, according to location . . . \$15, 25, 35,
One bed, in double room, " " " 10, 15, 20,

which includes medical attendance, medicine, board, &c.

The fees of the patient's own physician are not included.

All communications should be addressed to HENRY SHWEIG, M.D.

Brigham Hall; a Hospital for the

Insane. This institution, incorporated by Act of Legislature, and recently enlarged, is open for the reception and treatment of persons laboring under the various forms of insanity.

The hospital is pleasantly located, in the immediate vicinity of the village of Canandaigua. It has accommodations for eighty patients, and, having been erected for the purpose, possesses all the facilities of treatment found in such establishments.

Letters of inquiry and applications for admission of patients should be addressed to

DR. GEO. COOK, or to
DR. JNO. B. CHAPIN,

BRIGHAM HALL, Canandaigua, N. Y.

Dr. Kinne's New Truss—cheap, clean,

durable, and comfortable. Invaluable, especially for infants, for its cleanliness, a wet sponge being sufficient always to clean it thoroughly. Need never be removed for bathing, as water will not injure it. One truss will last a lifetime, and from the peculiar properties of the material of the pads, they are cooler, more comfortable, and altogether better than the ivory, hard rubber, or any other kind of pad.

Pamphlets with full descriptions and illustrations may be had gratis by applying to

KINNE & PHILLIPS,

182 Broadway, and 2 John Street.

Castleton Medical College, Castleton,

VERMONT. Sixtieth Session, 1861.

CORYDON L. FORD, M.D., Professor of Anatomy.

ADRIAN T. WOODWARD, M.D., Professor of Obstetrics and Diseases of Women and Children.

GEORGE HADLEY, M.D., Professor of Chemistry.

WILLIAM P. SEYMOUR, M.D., Professor of Materia Medica and Therapeutics.

E. K. SANBORN, M.D., Professor of Surgery.

P. D. BEADFORD, M.D., Professor of Physiology and Pathology.

CHARLES L. ALLEN, M.D., Professor of Theory and Practice of Medicine.

P. PINEO, M.D., Professor of Medical Jurisprudence.

The annual course of Lectures will commence on the last Thursday of February, and continue four months.

FEES.—For a full course of Lectures \$50. Matriculation ticket \$5. Graduation fee \$16. Anatomical Material supplied at a reasonable cost.

Good board can be obtained at from \$2 50 to \$3 00 per week.

CHARLES L. ALLEN, Dean.

Castleton, Vermont, Nov. 5, 1860.

This Truss has

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Besides the concurrent testimony in its favor, of the prominent surgeons of this city and Brooklyn, the following are average specimens of hundreds from correspondents in different parts of the country.

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